32.
57
79
100
144
151
165
191
223
255
276 - Rosen (25)
294
300

Graves in Catholic Cem.
from Jan 1, 1951 - to July 1, 1951 - Inc.
ck # 3884 - July 17, 1951 - $170.00 -
ck # 4040 - Oct 1, 1951 - Graves in Cem.

The Press Democrat. Sept 8, 1952 - 1 yr.

Examiner Pd to Jan 1, 1951 ck # 4135 -
Examiner Pd. to Jan 1 - 1952 - ck # 4456.

City of Sonoma

SONOMA COUNTY, CALIFORNIA

$ 105.00 No. 447

RECEIVED FROM Bates & Evans

One Hundred Five and no/100 DOLLARS

Burial Permits 1/1/51 to 6/30/51 Inc.

Dated 7-5 1951

W. C. Batchelder
By M. L. Gordon
TREASURER OF THE CITY OF SONOMA

Cemetery —
Inc.
1951
rmits
951 Inc.
rican Trust
952 to

32.
57
79
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223
255
276 - Rossen (251) the Pre
294
300

from
ck #
ck# 4

Examiner Pd to Jan 1, 1951 ck# 4135 —
Examiner Pd. to Jan 1 - 1952 - ck# 4456.

City Burial permits mt Cemetery —
Jan 1, 1951 - to June 31, 1951 - Inc.
ck# 3846 - Written July 3, 1951
Jan 3, 1952 -
ck# 4237 - for Burial Permits
from July 1, 1951 to Dec 31, 1951 Inc.
July 1, 1952 - ck # 4564 - American Trust
for Burial permits - Jan 1, 1952 to
June 31, 1952 Inc. $75.00

...THE...
AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertakers' quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, among others.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.

This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference, is recorded.

THE PUBLISHER.

Bound Books (Indexed):

150	Page	No. 4150
200	"	No. 4200
300	"	No. 4300
450	"	No. 4450
500	"	No. 4500
600	"	No. 4600
1000	"	No. 5000

Loose-Leaf Form:

Binder, Heavy, metal re-inforced black leatherette	No. 4800
Binder, Gray cloth	No. 4803
Binder, Gray cloth (transfer)	No. 4810
Index, indestructible, red leatherette tabbed	No. 4801
Index, cloth tabbed	No. 4804
Funeral Record sheets, entries as for Bound Books, per 100	**No. 4802**
Funeral Record sheets, 100 to the pad	**No. 4805**
Pocket Memo note book (not indexed)	No. 4050

☞ *See Rules on "Funeral Ethics" on Next Page*

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F. J. FEINEMAN CO.
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LONG BEACH, CALIFORNIA

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F. J. FEINEMAN
St. Louis, Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as a "job"; it is not only bad form, but is also apt to offend your patrons. Term it a "call", a "funeral", or "an order".

Perform your work in a quiet and considerate manner and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourslf had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company you are not familiar with, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

Avoid all delay, hitch, or any misunderstanding among your helpers. Instruct bearers, drivers and others beforehand.

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

At military funerals place Flag on Casket with the field (stars) over left side of casket (indicating positon over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the **NATIONAL FLAG** must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends ar still there, it is fitiing that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

Let the entire funeral be conducted in a dignified and well-ordered manner, and you will have conferred a lasting favor upon those who required the need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 7 1951

Name of Deceased Clara Mary Delaney W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs, Calif. ☐Husband ☐Wife ☐Widow } Edward A.

Charge to: Edward A. Delaney or.....of } Age of Husband or Wife (if living).....Years

Address Abode

Order given by..... (or informant)

How Secured.....

If Veteran, State War n.a.

Occupation Housewife no. (Social Security Number)

Employer and Address.....

Date of Death March 7, 1951 10:45 A. (Date) (Hour)

Date of Birth Jan. 15, 1899

Age 52 (Years) 1 (Months) 22 (Days)

Date of Funeral March 10 Saturday 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased.....

Birthplace Philadelphia, Penn.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father George Hall

His Birthplace Pennsylvania

Maiden Name of Mother Alice Law

Her Birthplace Pennsylvania

Motor Ship } Remains to.....

Size of Casket Cedar Rose #97 (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif.

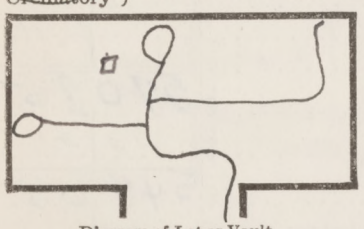


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 350	-
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit~~ or Dress 17.00 Lot 5.51 (State Kind and Color)	17	51
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		175
Door Spray, $..... Gloves, $		15
Funeral Car, $..... Ambulance, $		17
Limousines to Cemetery ..... @ $		207
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		621
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit (State Number and District)	5	00
- Certif. Copies of Death Certificates No.____ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	55	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Musc Hunter, Oliver	7	50
Minister, Rev. Buttrum	10	-
~~line~~ Death Notices in..... Papers		
Posted, Index Tribune	3	61
(Names of Newspapers)		
Democrat	4	00
Sales Tax	5	70
Total Footing of Bill	$ 473	32
Less 18.25	$ 18	25
Balance	$ 455	07

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 15, 51	" "	$ 455 07	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

2

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 13 1957

Name of Deceased Bertha Amelia Mc Murray (or Mrs.) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.t. 1. Box 220 Zelters Springs. ☐Husband ☐Wife ☐Widow of Lewis N.

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. E. L. Mac Nelly

Address Arbour

Order given by L. H. Mc Murray also - (or informant)

How Secured 5824 - Forest Lane. Indianapolis, Indiana

If Veteran, State War N.S.

Occupation At home N.S. (Social Security Number)

Employer and Address .....

Date of Death March 13, 1957 9 P.M. (Date) (Hour)

Date of Birth December 3, 1861

Age 88 (Years) 3 (Months) 10 (Days)

Date of ~~Funeral~~ Removal March 14 - Wed - 10 P.M. (Date) (Day of Week) (Hour)

Services at Indianapolis, Indiana

Clergyman ..... (Address)

Religion of the Deceased Prod.

Birthplace U.S. Indiana

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robt. L. Mallen Lauer M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Coleman Cash

His Birthplace Kentucky

Maiden Name of Mother Jane Chambers

Her Birthplace Unknown

~~Motor~~ Ship } Remains to Indianapolis Indiana Shirley Bros. Central mortuary

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Indianapolis, Indiana

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	464 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
~~Personal Service~~		
Wired Air lines -		106 85
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	570 85
Less 30 days -	$	23 20
Balance	$	547 65

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Balance Forward		$
Mar 25, 57	By Payment In full	$547 65	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
3/16/57 Statement to Mr McMurray	" "	$	$

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Embassy fringe on overlay full lined Sr B&BP

HANDLES: ~~###~~ 652 6X2 dles

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

3

Total No..... Yearly No..... Date of Entry Mar. 17 1957

Name of Deceased Frank C. Silva Portugese

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: S.R. Verano ☐Husband ☐Wife ☒Widow } Catherine Silva

Charge to: Mrs. Elsie Ghiglieri or.....of } Age of Husband or Wife (if living).....Years

Address 250 McAllister st San Francisco

Order given by.....

(or informant)

How Secured 60.00 Down 10.00 Per mo.

If Veteran, State War None

Occupation Retired Barber none

(Social Security Number)

Employer and Address .....

Date of Death Mar. 16, 57 (Date) 6 P.M. (Hour)

Date of Birth Feb. 28, 1874

Age 77 (Years) (Months) (Days)

Date of Funeral 3/19/57 (Date) Mon (Day of Week) 10:45 A.M. (Hour)

Services at Chapel of Chimes

Clergyman None comittal only

(Address)

Religion of the Deceased Prot.

Birthplace Portugal

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death .....

Contributory Causes.....

.....

Certifying Physician.....

(or Coroner)

His Address.....

Name of Father Unk.

His Birthplace Portugal

Maiden Name of Mother Unk.

Her Birthplace Portugal

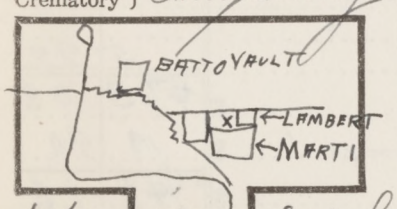
Motor Ship } Remains to .....

Size of Casket .....

(State Color and Number)

Manufactured by .....

Cemetery Crematory } Chapel of Chimes S. Rosa



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner Self

(Diagram of Lot or Grave)

First space North of Lambert Lot.

Complete Funeral (except outlays)	$ 160	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		80
Slippers, $ ..... Hose, $		3 —
Folding Chairs, $ ..... Tarpaulin, $		2 40
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. Mt. Cem (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb for ashes	7	50
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service No Minister		
.... line Death Notices in ..... Papers		
Examiner (Names of Newspapers)	5	50
Sales Tax	2	40
Total Footing of Bill	$ 225	90
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
June 25, 1952	"	$ 10 —	$
Aug 25, 1952	" full	$ 15 90	$

Notice: Authorization for burial of ashes or cremation. Authorization held by Chapel of Chimes

Date		Amount Paid	Balance
	To Balance Forward		$
3/17/57	By Payment	$ 60 —	$
4-20-57	" " on acct	$ 10 —	$
May 1, 57	" " "	$ 10	$
June 14, 57	" " "	$ 10	$
July 1, 57	" " on acct	$ 10	$
Aug 27, 57	" " "	$ 10	$
Sept. 24 57	" " "	$ 10	$
Oct 22 1957	" " "	$ 10	$
Nov 19 1957	" " "	$ 10	$ 140
Dec 23 1957	" " "	$ 10 —	$
Jan 23, 1958	" " "	$ 10	$
Feb 23, 1958	" " "	$ 10	$
Mar 24-58	" " "	$ 10 —	$
April 25-58	" " "	$ 10 —	$
May "	" " "		

Insurance $..... Names of Insurance Companies.....

Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 24 1951

Name of Deceased Harvey Perkins W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Cora Reed

Address 2nd St West Sonoma

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Grocery Clerk no (Social Security Number)

Employer and Address

Date of Death March 24 1951 4:15 P. (Date) (Hour)

Date of Birth Dec 25 1876

Age 74 (Years) (Months) (Days)

Date of Funeral March 26 Tue 10 A. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace S. F. Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Austin Perkins

His Birthplace Maine

Maiden Name of Mother Manson

Her Birthplace Maine

Motor / Ship } Remains to

Size of Casket Large (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 398	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		19 99
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		5 97
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Terrell	10	—
no music		
... line Death Notices in ... Papers		
Posted Local (Names of Newspapers)	3	61
Sales Tax	5	97
Total Footing of Bill	$ 463	08
Less 1990 - 30 days	$ 19	90
Balance	$ 443	18

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-5-51	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 18	" In full	$ 443 18	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

5

Total No. 0 Yearly No. ..... Date of Entry March 25 19 57

Name of Deceased Christina Aldinger W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 41 B. Sonoma ☐ Husband ☐ Wife ☐ Widow of Albert

Age of Husband or Wife (if living) ..... Years

Charge to: Albert Aldinger

Address abone

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation Housewife No. (Social Security Number)

Employer and Address .....

Date of Death March 25, 1957 (Date) 8:20 A (Hour)

Date of Birth April 9, 1876

Age 74 (Years) (Months) (Days)

Date of Funeral March 28 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel of the Chimes S.R.

Clergyman Lutheran S.R. (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Grant Fletcher MD (or Coroner)

His Address Sonoma, Caly.

Name of Father Christian Kauffmann

His Birthplace Germany

Maiden Name of Mother .....

Her Birthplace Germany

Motor Ship } Remains to .....

Size of Casket Grey # C. (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	323 —
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		16 50 3
Suit or Dress ..... (State Kind and Color)		48 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket Spray		15 —
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
Gertif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Lutheran Minister		10 —
....line Death Notices in ..... Papers		
Sonoma Sonoma (Names of Newspapers)		5 00
Examiner 2 days		10 40
.....		
Sales Tax		4 85
Total Footing of Bill	$	413 25
Less 16.15 30 days'	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-5-57	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	June 20, 57	By Payment	$ 397 10	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

6

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry *March 26* 1951

Name of Deceased *Albert Aldinger* *W* (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *Rt. 1 Bx 41B Sonoma, Calif* ☐Husband ☐Wife ☐Widow or........ of *Christina* Age of Husband or Wife (if living).......Years

Charge to: *Carl Aldinger*

Address. *Hiram Aldinger Vallejo*

Complete Funeral (except outlays) $	*323*	*—*
...ault or Box (State Kind)		
...ng Body (Name of Embalmer)		
...$ ....Hair Dressing, $		
...Body, $..........Underwear, $ *50*		
...ress *Shirt 2.50* (State Kind and Color) *3/4 08*	*2*	*58*
...$ ....Hose, $		
...Chairs, $..........Tarpaulin, $		
...rum, $..........Candles, $	*16.*	*15*
...ay, $..........Gloves, $		
...Car, $..........Ambulance, $		
...es to Cemetery.....@ $		
...mousines..........@ $		
...R. R. Station.....@ $		
...Remains from		
...emains to		
...oroner's Inquest		
...g Box to *Wreath on easel*	*15*	*00*
...lowers to *Casket spray*	*15*	*00*
...Charges		
...Burial Permit		
...Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
...er Service, $.... Use of Chapel, $		
...tal for Sales Tax $		
...r Lot		
...n	*45*	*00*
...$.....Palms, $.....Matting, $		
...Tent, $....of Temporary Vault, $		
...of Grave or Tomb		
...ave, $......Lowering Device, $		
...r Shipping Charges		
...n, $.....Singers, $....Organist, $		
...ickets, $........ Aeroplane Service, $		
...hone, Cable or Radio Charges		
...anced		
...wn Undertaker's Charges		
...Service		
...e funeral (page 5) one minister		*—*
...Death Notices in.....Papers (Names of Newspapers)		
Photographs	*7.*	*50*
...aminer 1 day.	*5*	*20*
	4.	*85*
...ting of Bill $	*418*	*13*
Less *16.15 - 30 days.* $		
Balance $		

Entered into Ledger, page......or below.

Diagram of Lot or Vault

Block No..............

Owner..............

16.15 / 2.50 / 1.64 / 3 / 4.92

STATEMENT

April 3 *1951*

M *Bates and Evans*

Sonoma, Calif.

To *R. D. Townsend - Sonoma* Dr.

3	*8 x 10 Photographs*	*7*	*50*
1	*4 x 5 Negative*		

Paid 4-5-51 R.D.T.

Date		Amount Paid	Balance
4-5-51 — G R D.	To Above Balance		$
4-22-51 - Statement from Chapel of the Chimes Oakland	By Payment	$	$
	" "	$	$
[illegible] against Estate		$	$
Memorial Niche, Garden of Worship N. 36-9 285.		$	$
Memorial Urn - Chapel of the Chimes file		$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 29, 51	*In full*	*$401.98*	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..............days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 18 1951

Name of Deceased Angelo Louis Gatto W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 144 - Maple St. El Verano, Cal. - ☐ Husband ☐ Wife ☐ Widow of Josephine

Charge to: Vernon Silvershield, Administrator Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation Clerk - Grocery (Social Security Number)

Employer and Address.....

Complete Funeral (except outlays)	$ 308	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

May 18 1951

Received of the above named firm, Creditors Claim, in the amount of $418.08, which I will file against the Estate of, ANGELO LOUIS GATTO, (deceased).

Signed, Vernon Silvershield

Administrator Estate Angelo Louis Gatto, Dec'd.

Manufactured by .....

Cemetery / Crematory } Catholic Cem. Sonoma

5th Row East North of Deschene Plot South of Mary Ellen Smith

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Judge - Sealed (Names of Newspapers) 3 61

Examiner 6 40

Sales Tax 5 07

Total Footing of Bill $ 418 08

Less 16.15 - 30 days $

Balance $

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-5-51	Statement to Trustee						
	To Above Balance		$		To Balance Forward		$
May 4, 1951	By Payment	$	$		By Payment	$	$
	Filed Claims with Silvershield	$	$	Feb 17, 1952	"	$ 418 08	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

6

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 26 1951

Name of Deceased Albert Aldinger W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 418 Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Christina

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Carl Aldinger

Address... Hiram Aldinger Valley

...ler given by P.O. Bx 1658 – (or informant)

...v Secured

...eteran, State War No

...upation Retired Nurseryman No. (Social Security Number)

...loyer and Address

...e of Death March 26, 1951 – 10 9. M. (Date) (Hour)

...of Birth July 29, 1880

70 7 27 (Years) (Months) (Days)

...of Funeral March 28 Wed 2 P. M. (Date) (Day of Week) (Hour)

...es at Chapel of the Chimes S.R.

...rman Lutheran Santa Rosa (Address)

...on of the Deceased Prod. –

...lace Germany

...d in the State (or U. S. or City or County) (Years) (Months)

...f Death Home

...of Death

...utory Causes

...

...ng Physician Robt. L. Mollenhauer M.D. (or Coroner)

...ress Sonoma, Calif. –

...Father

...nplace Germany

...Name of Mother

...nplace Germany

...emains to

...asket 95 H Grey Doe – (State Color and Number)

...ured by Golden State L. A.

Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	–
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ... Shirt 2.50 (State Kind and Color) 4 08	2	58
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		16 150 2 50
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		164 3
Limousines to Cemetery ... @ $		4 92
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Wreath on easel	15	00
Deliver Flowers to Casket Spray	15	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Double funeral (page 5) one minister –		
...line Death Notices in ... Papers (Names of Newspapers)		
...a Photographs	7	50
...Examiner 1 day	5	20
	4	85
Sales Tax		
Total Footing of Bill	$ 418	13
Less 16.15 – 30 days	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
4-5-51	– G R L.		
	To Above Balance	$	$
4-22-51	By Payment – Statement from Chapel of the Chimes	$	$
	" " Oakland	$	
June 29, 51	In full	$ 401 98	$
	Grave Opening & Use of Oakland Cemetery Estate		
	" "	$	$
	Memorial Niche, Garden of Worship No. 6-9 285.		
	" "	$	$
	Memorial Urn – Chapel of the Chimes file		
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

7

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 18 1951

Name of Deceased Angelo Louis Gatto W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 144 - Maple St. El Verano, Cal. - ☐ Husband ☐ Wife ☐ Widow of Josephine

Charge to: Vernon Silvershield, Administrator or..... Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation Clerk - Grocery (Social Security Number)

Employer and Address.....

Complete Funeral (except outlays)	$ 308	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $.....		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

May 18 1951

Received of the above named firm, Creditors Claim, in the amount of $418.08, which I will file against the Estate of, ANGELO LOUIS GATTO, (deceased).

Signed, Vernon Silvershield

Administrator Estate Angelo Louis Gatto, Dec'd.

Manufactured by .....

Cemetery / Crematory } Catholic Cem. Sonoma

5th Row East North of Deschene Plot South of Mary Ellen Smith

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Index - Posted (Names of Newspapers)	3	61
Examiner	6	40
Sales Tax	5	07
Total Footing of Bill	$ 418	08
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
$ 4-5-51	Statement to Surstead						
	To Above Balance		$		To Balance Forward		$
May 4 1951	By Payment	$	$		By Payment	$	$
	Filed Claim with Silvershield	$	$	Feb 14 1952	"	$ 418 08	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN - St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry March 26 1951

Name of Deceased Albert Aldinger W (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 Bx 41B Sonoma, Calif ☐Husband☐Wife☐Widow or.......... of Christina Age of Husband or Wife (if living)..........Years

Charge to: Carl Aldinger

Address. Hiram Aldinger Vallejo

...der given by P.O. Bx 1658 – (or informant)

...w Secured..........

...eteran, State War No.

...upation Retired Nurseryman No. (Social Security Number)

...ployer and Address..........

... of Death March 26, 1951 – 10 a.m. (Date) (Hour)

... of Birth July 29, 1880

.... 70 (Years)

... of Funeral Marc... (Date)

...es at Chapel ...

...yman Luther...

...on of the Deceased ...

...lace German...

...d in the State.......... (or U.S...)

...f Death Home...

...f Death..........

...utory Causes..........

....

...ng Physician Robt...

...ress Sonoma, ...

... Father ...

...nplace German...

Name of Mother ...

...nplace German...

...emains to..........

...sket 95 H ... (State...)

...ured by Golde...

Chapel of the ...

Diagram of Lot or Vault

Lot No..........

Grave No..........

Section No..........

Block No..........

Owner..........

	$	
Complete Funeral (except outlays)	323	–
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.......... Hair Dressing, $..........		
Dressing Body, $.......... Underwear, $..........		
Suit or Dress Shirt 2.50 (State Kind and Color) .08	2	58
Slippers, $.......... Hose, $..........		
Folding Chairs, $.......... Tarpaulin, $..........		50
Candelabrum, $.......... Candles, $...		
... 1 day	5	20
....		
Sales Tax	4	85
Total Footing of Bill	418	13
Less 16.15 – 30 days		
Balance		

Entered into Ledger, page......or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-5-51 – G R I.							
	To Above Balance		$		To Balance Forward		$
4-22-51 – Statement from Chapel of the Chimes	By Payment	$	$		By Payment	$	$
	" " Oakland	$	$	June 29, 51	In full	$401 98	$
~~Grave ... Estate~~	" "	$	$		" "	$	$
Memorial Niche, Garden of Worship N. 36-9 ~~285~~.	" "	$	$		" "	$	$
Memorial Urn – Chapel of The Chimes file	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 18 1951

Name of Deceased Angelo Louis Gatto W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 144 - Maple St. El Verano, Cal - ☐Husband ☐Wife ☐Widow of Josephine

Charge to: Vernon Silvershield, Administrator or..... Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation Clerk - Grocery (Social Security Number)

Employer and Address.....

te of Death March 18, 1951 5:50 P. (Date) (Hour)

te of Birth July 4, 1883

..... 67 (Years) (Months) (Days)

e of Funeral Mar. 21 - Wed 9:30 A.M. (Date) (Day of Week) (Hour)

rices at: St. Francis

gyman:.....

gion of the Deceased Catholic (Address)

nplace Calif -

led in the State.....

of Death So. Co. Hospital (or U. S. or City or County) (Years) (Months)

e of Death Hypertensive Cardio-vascular

ibutory Causes. Disease -

Terosclerosis

ying Physician Charles R. Locarnini M.D. (or Coroner)

ddress Sonoma Co. Hospital

of Father Burthamells -

rthplace.... Italy

n Name of Mother Unknown

irthplace... Italy

Remains to.....

Casket 95 H - N P - (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory: Catholic Cem. Sonoma

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		1.54
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		1.69
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		5.07
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Flowers Casket	15	00
Removal Charges		
Procuring Burial Permit		
___Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $.... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot 1 Grave	25	00
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
....line Death Notices in ..... Papers		
Tribune - Posted (Names of Newspapers)	3	61
Examiner	6	40
Sales Tax	5	07
Total Footing of Bill	$ 418	08
Less 16.15 - 30 days	$	
Balance	$	
Entered into Ledger, page.....or below.		

5th Row East North of Deschene Blvd South of Mary Ellen Smith

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-5-51	Statement to Trustead						
	To Above Balance		$		To Balance Forward		$
May 4, 1951	By Payment	$	$		By Payment	$	$
	Filed Claim with Silvershield			Feb 14, 1952	"	$ 418 08	
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

8

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 29 1951

Name of Deceased Gae Lillie Scrape W
☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence Box 102 El Verano, Caly ☐Husband ☐Wife ☐Widow } none
or.....of } Age of Husband or Wife (if living).....Years

Charge to Grover Scrape

Address abode

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation none none (Social Security Number)

Employer and Address

Date of Death March 29, 1951 (Date) 6:15 P (Hour)

Date of Birth Feb 18, 1948

Age 3 (Years) (Months) (Days)

Date of Funeral Mar 30 (Date) Fri (Day of Week) 4 P.M. (Hour)

Services at Chapel

Clergyman Rev Jerrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace Caly

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co Hospital

Cause of Death Tuberculosis

Contributory Causes Meningitis

Certifying Physician Frank R. Campbell MD (or Coroner)

His Address Sonoma Co Hospital

Name of Father Grover Scrape

His Birthplace Arkansas

Maiden Name of Mother Eva Hunter

Her Birthplace Alaska

Motor Ship } Remains to

Size of Casket 3/0 (State Color and Number)

Manufactured by Golden State C.Co.

Cemetery Crematory } Mt Cem Sonoma

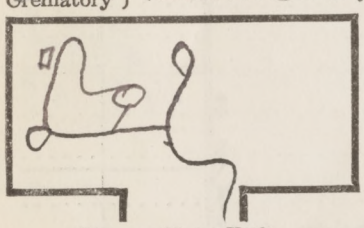


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 84	—
Casket		
Burial Vault or Box	7	—
Embalming Body (State Kind) Removal (Name of Embalmer)	10	—
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		4 50
Slippers, $ Hose, $		1
Folding Chairs, $ Tarpaulin, $		2 49
Candelabrum, $ Candles, $		3
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		4 7
Limousines to Cemetery @ $		14
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dunbar-Oliver music	7	50
Rev Jerrell	10	00
...line Death Notices in ...Papers		
Indep Posted (Names of Newspapers)	3	61
Sales Tax	1	47
Total Footing of Bill	$ 153	58
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
March 30, 1951	"	$ 50 —	$
April 7, 51	"	$ 15 —	$
April 13 51	"	$ 15 —	$
April 21 51	"	$ 15 —	$
" 28 51	"	$ 15 —	$
May 4 51	"	$ 15 ✓	$
May 12, 51		15 —	
May 19, 51		In full 13 58	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 31 19 51

Name of Deceased Donald William Bailey W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 234 Bayes Springs, Cal ☐Husband☐Wife☐Widow } Alice

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Alice Bailey

Address Above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Attendant

Employer and Address (Social Security Number) Sonoma State Home

Date of Death March 31, 1951 (Date) 1:10 A. (Hour)

Date of Birth July 14, 1913

Age 37 (Years) 8 (Months) 17 (Days)

Date of Funeral April 3 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at: C. Chapel

Clergyman: Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Delta, Utah

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Near Eldridge

Cause of Death

Contributory Causes

Certifying Physician Verno Silvenfield (or Coroner)

His Address Santa Rosa Cal.

Name of Father Carl Bailey

His Birthplace Missouri

Maiden Name of Mother Gladys Rasa

Her Birthplace Minnesota

Motor ~~Ship~~ } Remains to D.O.F. Santa Rosa

Size of Casket Hollywood

Manufactured by Hollywood C. Co. (State Color and Number)

Cemetery ~~Crematory~~ } I.O.O.F. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Funeral		
Complete Funeral (except outlays)	$	652 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		32.6 3
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		9.78
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Terrell		10 —
1 — C/C		1 00
...line Death Notices in ... Papers		
(Names of Newspapers) Index, Posted		3 61
Sales Tax		4 78
Total Footing of Bill	$	676 39
Less 32.60 — 30 days	$	32 60
Balance	$	643 79

Entered into Ledger, page ... or below.

Amount Paid		Balance	
		$	
		$	
643	79	$	
		$	
		$	
		$	
		$	

No. April 2 19 51

Received of Bates & Evans

5 00 — Lighter, Nail Clip — 100 Dollars

Belonging to Donald Bailey (deceased)

$ ___ Alice L. Bailey

.....

me of Funeral Directors.)

date. Interest to accrue from

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

8

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 29 1951

Name of Deceased Gae Lillie Scrape W
☑ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence Box 102 Elv Verano, Caly ☐ Husband ☐ Wife ☐ Widow } none
or..... of } Age of Husband or Wife (if living).....Years

Charge to Grover Scrape

Address Abode

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation none none (Social Security Number)

Employer and Address .....

Date of Death March 29, 1951 6:15 P (Date) (Hour)

Date of Birth Feb. 18, 1948

Age 3 (Years) (Months) (Days)

Date of Funeral Mar. 30 Fri 4 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Jessell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Caly

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Tuberculosis

Contributory Causes Meningitis

.....

Certifying Physician Frank R. Campbell M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Grover Scrape

His Birthplace Arkansas

Maiden Name of Mother Eva Hunter

Her Birthplace: Alaska

Motor / Ship } Remains to .....

Size of Casket 3/0 (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery / Crematory } Mt. Cem. Sonoma

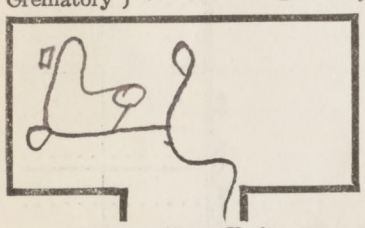


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) ..... $	84	—
Casket		
Burial Vault or Box	7	—
Embalming Body (State Kind) Removal	10	—
(Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress	4	7
(State Kind and Color)	1	
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $	2	9
Candelabrum, $..... Candles, $	3	
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $	4	7
Limousines to Cemetery ..... @ $	14	
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	—
(State Number and District)		
___Certif. Copies of Death Certificates No.___		
(State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dunbar-Other music	7	50
Rev Jessell	10	00
...line Death Notices in ..... Papers		
Index Posted	3	61
(Names of Newspapers)		
.....		
.....		
Sales Tax	1	47
Total Footing of Bill ..... $	153	58
Less ..... $		
Balance ..... $		

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance
.....	....	To Above Balance	.....	.....	$...
.....	....	By Payment	$.....	.....	$...
.....	....	" "	$.....	.....	$...
.....	....	" "	$.....	.....	$...
.....	....	" "	$.....	.....	$...
.....	....	" "	$.....	.....	$...
.....	....	" "	$.....	.....	$...
.....	....	" "	$.....	.....	$...

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I h

for the payment of aforesaid sum, and I hereby covenant and agree t

maturity at the rate of.....% per annum.

Witness.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 31 19 51

Name of Deceased Donald William Bailey W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 234 Bayes Springs, Cal ☐Husband ☐Wife ☐Widow } Alice

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Alice Bailey

Address Above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Attendant

Employer and Address Sonoma State Home (Social Security Number)

Date of Death March 31, 1951 11:10 A. (Date) (Hour)

Date of Birth July 14, 1913

Age 37 (Years) 8 (Months) 17 (Days)

Date of Funeral April 3 Tue 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Delta, Utah

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Near Eldridge

Cause of Death

Contributory Causes

Certifying Physician Verno Silvenfield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Carl Bailey

His Birthplace Missouri

Maiden Name of Mother Gladys Rasa

Her Birthplace Minnesota

Motor / ~~Ship~~ } Remains to I.O.O.F. Santa Rosa

Size of Casket Hollywood (State Color and Number)

Manufactured by Hollywood C. Co.

Cemetery / ~~Crematory~~ } I.O.O.F. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Funeral			
Complete Funeral (except outlays)	$	652	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)		32	6
			3
Slippers, $ ... Hose, $			97 8
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service Rev. Terrell		10	—
... 1 - C/C		1	00
...line Death Notices in ... Papers			
Index, Pasted (Names of Newspapers)		3	61
		5	78
Sales Tax			
Total Footing of Bill	$	676	39
Less 32.60 - 30 days	$	32	60
Balance	$	643	79

Entered into Ledger, page ... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
4-23-51		Statement To Above Balance			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$		April 26		" In full	643	79	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

...ce $..... Names of Lodges..... Insurance Companies.....

...y authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

...payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

...y at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

10

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 6 1951

Name of Deceased Dennis Michael De Chene White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Mr. & Mrs. Lester De Chene ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Remove, Chapel, Cars & Personal Service

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation None None (Social Security Number)

Employer and Address.....

Date of Death April 6, 1951 - (Date) (Hour)

Date of Birth.....

Age 5 - (Years) (Months) (Days)

Date of Funeral April 10 Tue 10:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis Church

Clergyman:..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Lester De Chene

His Birthplace.....

Maiden Name of Mother Sylvia

Her Birthplace.....

Motor / Ship } Remains to Parker Funeral Home

Size of Casket Newport, Oregon - (State Color and Number)

Manufactured by:.....

Cemetery / Crematory } Catholic Cemetery Sonoma -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	65	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		61
Folding Chairs, $.....Tarpaulin, $		3
Candelabrum, $.....Candles, $		18
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from Pall Bearers Gloves	2	50
Taking Remains to Grave marker	3	50
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.....Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot: One Grave	20	00
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $.....of Temporary Vault, $		
Opening of Grave or Tomb	20	00
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $.....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Mass & the Angels	15	00
.....line Death Notices in.....Papers		
Local -	3	61
(Names of Newspapers)		
Democrat	4	00
Sales Tax on Gloves, Marker		18
Total Footing of Bill $	133	79
Less $		
Balance $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment			April 10, 51	By Payment In full	133 79	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 1951

Name of Deceased Mabel L. Lowe w.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 118 - Eldridge, Cal. ☐Husband ☐Wife ☐Widow of Hugh

Charge to Mrs. Thelma Thompson Age of Husband or Wife (if living).....Years

Address R.F.D. Box 11 B. Glen Ellen -

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Asst. Seamstress No.: (Social Security Number)

Employer and Address Sonoma State Home

Date of Death April 7, 1951 (Date) (Hour)

Date of Birth November 14, 1888

Age 62 (Years) (Months) (Days)

Date of Funeral April 10 - Tue - 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman: Rev. Lokan Glen Ellen (Address)

Religion of the Deceased Prod.

Birthplace Iowa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father — Wernli

His Birthplace Switzerland

Maiden Name of Mother — Aldrich

Her Birthplace .....

Motor Ship } Remains to.....

Size of Casket 95 H. Doc. Grey (State Color and Number)

Manufactured by Golden Gate Co. C. & A.

Cemetery Crematory } Thompson Private Cem. Sonoma Mt. Rd.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	308 —
Casket		15 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress		12.400 15
Slippers, $..... Hose, $ (State Kind and Color)		
Folding Chairs, $..... Tarpaulin, $		16.900
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		10.700
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		65 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced. Organ - Mrs Oliver		5 00
Out of town Undertaker's Charges		
Personal Service. Rev. Lokan		10 —
3 - C/C -		3 00
Line Death Notices in..... Papers		
Local -		3 61
(Names of Newspapers) Democrat		4 00
Sales Tax		5 07
Total Footing of Bill	$	418 68
Less 16.15 - 30 days'	$	16 15
Balance	$	402 53

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
4-12-51		To Above Balance			$			To Balance Forward			$	
		By Payment	$		$			By Payment	$		$	
		" "	$		$		April 30, 1951	" In full	$	402 53	$	
		" "	$		$			"	$		$	
		" "	$		$			"	$		$	
		" "	$		$			" "	$		$	
		" "	$		$			" "	$		$	
		" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

12

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 8 1951

Name of Deceased Waldemar Aktsinoff Jr. W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 364 Cascade Drive

☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Waldemar Aktsinoff Fairfax, Cal

Address: Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation None No. (Social Security Number)

Employer and Address .....

Date of Death April 8, 1951 (Date) 2:15 P. (Hour)

Date of Birth April 6, 1951

Age..... (Years) 2 (Days)

Date of Funeral April 9 (Date) Mon (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman:..... (Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State Lyle (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Wm. J. Newman M. D. (or Coroner)

His Address Sonoma

Name of Father Waldemar Aktsinoff

His Birthplace Russia

Maiden Name of Mother Florence Tregenza

Her Birthplace: San Francisco

Motor Ship } Remains to .....

Size of Casket H.G. White Lamb (State Color and Number)

Manufactured by Golden State C. C.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 45	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		22 50
Suit or Dress (State Kind and Color)		3 —
Slippers, $..... Hose, $		6 75
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		10 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister: Themselves		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		68
Total Footing of Bill	$ 55	68
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
April 9 51	" " In full	$ 55 68	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 11 19 51

Name of Deceased Caterina Ramacciotti ..... W.....

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 409 Spain St. Sonoma ☐Husband☐Wife☐Widow of Pietro

Charge to: Pietro Ramacciotti Age of Husband or Wife (if living).....Years

Address..... Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address .....

Date of Death April 11, 1951 1:30 P.M. (Date) (Hour)

Date of Birth May 2, 1882

Age 68 (Years) (Months) (Days)

Date of Funeral April 14 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Frances

Clergyman:.....

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address: Sonoma

Name of Father Angelo Romani

His Birthplace Italy

Maiden Name of Mother Isabella Micheletti

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket Orchid 48.00 (State Color and Number)

Manufactured by Golden State

Cemetery / Crematory } Mt. Cemetery - Entombment

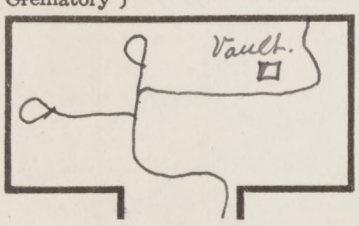


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) 479 — Less bal 15 00	$	464 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.32 3.
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		6.96
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Cemetery		2.50
Removal Charges		
Procuring Burial Permit (State Number and District)		5.00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
~~Cremation~~ Lettering Vault + replacing		25.00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mass		15.00
Sexton for Entombment		10.00
....line Death Notices in ..... Papers		
....Call Bulletin		9.28
....Post Index (Names of Newspapers)		3.61
....Italian		3.50
Sales Tax		6.96
Total Footing of Bill	$	544.85
Less 23.20 - 30 days	$	23.20
Balance	$	521.65

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Statement April 24-51	" "	$	$	May 1, 1951	" " Full	$ 521.65	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

14

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 21 19 51

Name of Deceased John Edward Karlberg W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 96 Sonoma ☐ Husband ☐ Wife ☐ Widow } none

Charge to: George Karlberg or.....of } Age of Husband or Wife (if living).....Years

Address: above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation None none (Social Security Number)

Employer and Address School Boy

Date of Death April 21, 1951 (Date) 3 P.M. (Hour)

Date of Birth April 29, 1941

Age 9 (Years) 11 (Months) 22 (Days)

Date of Funeral April 23 - Mon (Date) (Day of Week) 2 P.M. (Hour)

Services at: Chapel

Clergyman: Rev. Olan Jerrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace San Francisco, Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home - D.O.A. Dr. Mikitas Office

Cause of Death:

Contributory Causes.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal

Name of Father George Karlberg

His Birthplace Sweden

Maiden Name of Mother Hilda Anderson

Her Birthplace Australia

Motor / Ship } Remains to

Size of Casket 5/0 (State Color and Number)

Manufactured by:

Cemetery / Crematory } Mt. Cem. Sonoma, Cal

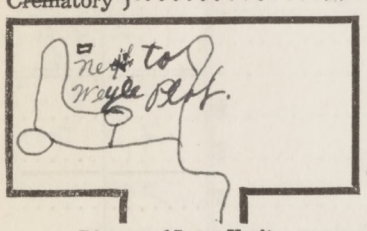


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		12 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		32 50
Suit or Dress (State Kind and Color)		12
Slippers, $ ..... Hose, $		84 50
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		25 50
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		35 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service minister (Jerrell)		10 00
No		
....line Death Notices in ..... Papers		
Examiner (Names of Newspapers)		4 50
Sales Tax		2 54
Total Footing of Bill	$	214 04
Less 1.85 - 30 days	$	7 85
Balance	$	206 19

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 23, 51	In full	206 19	$
	" "	$	$		By Paul Walters	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 23 19 51

Name of Deceased Harry Bowman Hyatt W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt. 1. Bx 527 Sonoma, Calif. ☐Husband ☐Wife ☐Widow of ..... } Lulu

Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Lulu Hyatt

Address..... Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Truck Owner 553-30-2450 (Social Security Number)

Employer and Address.....

Date of Death April 23, 1951 (Date) 5 a.m. (Hour)

Date of Birth December 8, 1869

Age 81 (Years) (Months) (Days)

Date of Funeral April 25 wed (Date) (Day of Week) 3:30 P.M. (Hour)

Services at: Chapel of the Chimes S.R.

Clergyman: Committal (Address)

Religion of the Deceased Prod.

Birthplace Wisconsin

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father William Hyath

His Birthplace N. Y.

Maiden Name of Mother Julia Bowman

Her Birthplace Vermont

Motor Ship } Remains to.....

Size of Casket 95 H. Grey Doe (State Color and ~~Number~~)

Manufactured by Golden State

~~Cemetery~~ ~~Crematory~~ } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		16 50
Suit or Dress (State Kind and Color)		3
Slippers, $ ..... Hose, $		8 50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Committal Services Only		
....line Death Notices in ..... Papers		
..... Inter-Tribune (Names of Newspapers)	3	61
..... C/C	1	00
Sales Tax	4	85
Total Footing of Bill	$ 377	46
Less 16.15 - 30 days	$ 16	15
Balance	$ 361	31

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	April 30-51	In full	$ 361 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 2 Yearly No. ..... Date of Entry April 29 1951

Name of Deceased Elvezio Scarpellini W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2nd St West Sonoma ☐Husband ☐Wife ☐Widow of Katie

Charge to Mrs. Katie Scarpellini Age of Husband or Wife (if living) ..... Years

Address Above P.O.Bx 246

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No.

Occupation Farm Laborer No. (Social Security Number)

Employer and Address .....

Date of Death April 29 1951 9:45 P. (Date) (Hour)

Date of Birth July 9 1871

Age 79 (Years) 9 (Months) 20 (Days)

Date of Funeral May 2 Wed 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman: ..... (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death: .....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father .....

His Birthplace Switzerland

Maiden Name of Mother .....

Her Birthplace Switzerland

Motor / Ship } Remains to .....

Size of Casket 9560 Grey Amer (State Color and Number)

Manufactured by: .....

Cemetery / Crematory } Mt. Cemetery Sonoma

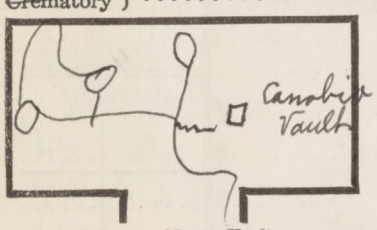

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ 10.50 Lay 3.2 (State Kind and Color)		10 82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		100
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		10 50
Limousines to Cemetery ..... @ $		12 50
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		3 65
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Masses		15 00
....line Death Notices in 2 Papers		3 61
Santa Rosa Tribune (Names of Newspapers)		
Sales Tax		3 75
Total Footing of Bill	$	308 18
Less 10.75 - 30 days	$	10 75
Balance	$	297 43

Entered into Ledger, page ..... or below.

Casket No. 9560
Size 6/3
Covering Gray Amer
Description Lined Rego 338 Hdls

Date			Balance		Date			Amount Paid		Balance	
			$				To Balance Forward			$	
			$				By Payment	$		$	
			$		May 14 51		" In full	$ 297	43	$	
			$		In full		" "	$		$	
			$				" "	$		$	
			$				" "	$		$	
			$				" "	$		$	
5	8	51	statement	$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No.....9... Date of Entry April 25 19 51

Name of Deceased William W.C. Greenstreet W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: 3rd St. East Sonoma ☐Husband ☐Wife ☐Widow of..... of Rose Emma (What Race)

Charge to: Frank La Haye

Address Sonoma

Order given by above (or informant)

How Secured:

If Veteran, State War No

Occupation Sail + Tent Maker 546-01-9295A (Social Security Number)

Employer and Address

Date of Death April 25, 1951 (Date) 6:50 P. (Hour)

Date of Birth Feb 19, 1876

Age 75 (Years) (Months) (Days)

Date of Funeral April 26 (Date) Thurs (Day of Week) 11 A. M. (Hour)

Services at: Episcopal Church

Clergyman Rev. Butlrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death El Verano Rest Home

Cause of Death

Contributory Causes

Certifying Physician G. K. McGrath MD (or Coroner)

His Address Sonoma, Calif

Name of Father Edward Greenstreet

His Birthplace England

Maiden Name of Mother Elizabeth Greenstreet

Her Birthplace England

Motor/~~Ship~~ Remains to Cypress Lawn

Size of Casket 5'5" H. Grey Wove (State Color and Number)

Manufactured by Golden State C.C.

Cemetery/~~Crematory~~ Cypress Lawn Crematorium

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	323 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		16 50
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		48 50
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad/~~Motor~~ Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Butlrum family Paid		
2 C/C		2
... line Death Notices in ... Papers		
Posted, Index		3 61
S. F. Examiner (Names of Newspapers)		7 20
Call Bulletin		6 43
		4 85
Sales Tax		
Total Footing of Bill	$	347 09
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
On May 5, 1951 Receipted bill	To Above Balance	$	$		To Balance Forward	$	$
	By Payment — Gave Frank a No Cash received	$	$		By Payment	$	$
	" "	$	$	May 5, 1951	"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 1 1951

Name of Deceased William James Dennis W

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1021 Ashmount Ave Oakland 6, Calif ☐Husband ☐Wife ☐Widow or ..... of } .....

Age of Husband or Wife (if living).....Years

Charge to: Mrs. W. L. Ingraham

Address: above -

Order given by: Ivinoaks 3-2106 (or informant)

How Secured: .....

If Veteran, State War: No

Occupation: None — No (Social Security Number)

Employer and Address .....

Date of Death May 1, 1951 (Date) 9:30 A (Hour)

Date of Birth July 18, 1924

Age 26 (Years) (Months) (Days)

Date of Funeral May 7 Mon — M. (Date) (Day of Week) (Hour)

Services at: Casa Doneja Crematorium

Clergyman: Stockton Calif (Address)

Religion of the Deceased: Prod -

Birthplace: Calif -

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma State Home

Cause of Death: .....

Contributory Causes: .....

.....

Certifying Physician: Vernon Silversheild (or Coroner)

His Address: Santa Rosa Calif

Name of Father: Raymond P. Dennis

His Birthplace: Mass

Maiden Name of Mother: Hazel Aubrey

Her Birthplace: Calif

Motor / ~~Ship~~ } Remains to: Stockton

Size of Casket: 95 H Grey Vael (State Color and Number)

Manufactured by: Golden State C. Co

~~Cemetery~~ / Crematory } Casa Doneja Crematorium

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or Dress~~ Shirt, Underwear & Sox (State Kind and Color)	4	12
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		161 50
Door Spray, $ ..... Gloves, $		4
Funeral Car, $ ..... Ambulance, $		165 50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		496 50
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
Stockton (Names of Newspapers)		
.....		
Sales Tax	4	95
Total Footing of Bill	$ 331	91
Less 16.15 - 30 days	$ 16	15 -
Balance	$ 315	82

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	May 7, 1951	" funeral	$ 315 82	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 9 Yearly No. Date of Entry May 4 19 51

Name of Deceased Jonathan Herman Coops W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 5th St. East Sonoma ☐Husband ☐Wife ☐Widow of Johame

Charge to: Arthur G. Coops Age of Husband or Wife (if living) Years

Address. Rt. 2 Bx. 110 Sonoma

Order given by... Abame (or informant)

How Secured:

If Veteran, State War... no

Occupation Farmer no (Social Security Number)

Employer and Address

Date of Death May 4, 1951 (Date) 5:15 P. (Hour)

Date of Birth. Nov. 30, 1858

Age. 92 (Years) 5 (Months) 4 (Days)

Date of Funeral. May 7 (Date) mon (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Rev. Ferrell Sonoma (Address)

Religion of the Deceased. Prod.

Birthplace Nevada Co. Cal.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death. Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address: Sonoma, Cal.

Name of Father Coops

His Birthplace. Holland

Maiden Name of Mother Christina Jepsen

Her Birthplace. Denmark

Motor Ship } Remains to

Size of Casket... 95 H. Grey Doe (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		15.4
Suit or Dress (State Kind and Color)		15
Slippers, $ ... Hose, $		169
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		5.07
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Ferrell		10 00
Marcuccio - Dunbar		10. 00.
... line Death Notices in ... Papers		
Posted, Index Tribune (Names of Newspapers)		3. 61.
Sales Tax		5. 07
Total Footing of Bill	$	416 68
Less 16. 15 30 days	$	16 15
Balance	$	400 53

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/25/51	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 11, 51	" " J. Feineman	$ 400 53	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 1 1951

Name of Deceased James McKinley Hicks W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 150 B. Glen Ellen ☐Husband ☐Wife ☐Widow } Nell M.

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Nell M. Hicks

Address.....above

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War No:.....

Occupation Farmer 557-09-3910:.....
(Social Security Number)

Employer and Address .....

Date of Death May 1, 1951 (Date) 3:30A (Hour)

Date of Birth Feb 25, 1895

Age..... 56 (Years) (Months) (Days)

Date of Funeral May 9 (Date) wed (Day of Week) 1:30 P.M. (Hour)

Services at: Chapel

Clergyman: Grange (Address)

Religion of the Deceased Prod

Birthplace Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father James H. Hicks

His Birthplace.....

Maiden Name of Mother Frances Melton

Her Birthplace Tennessee

Motor Ship } Remains to.....

Size of Casket 95 H. Grey Dac Extra Size Music-Marcuber-Dunbar (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Lot No.

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or Dress~~ Shirt & Tie & Sox (State Kind and Color)	4	12
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		16 50 4
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		16 50 3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		4 96 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
~~Cash Advanced~~ Grange Service		
Out of town Undertaker's Charges		
Personal Service. Extra Copies D/C -		50
...cline Death Notices in ..... Papers	10	-
Indep. Tribune, Posted	3	61
(Names of Newspapers) Lakeport News -	5	00
1 - c/c -	1	00
Sales Tax	4	85
Total Footing of Bill	$ 397	08
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance	
	To Balance Forward	$		$	
	By Payment	$		$	
May 16, 1951	on acct	$ 50	-	$	
	" "	$ 100		$	
June 11, 1951	" " "	$ 10	-	$	
July 9, 1951	" "	$ 10		$	
Aug 3, 1951	" " "	$ 10	-	$	
Sept 4, 1951	" "	$ 10		$	
Oct 3, 1951	Insurance Companies	10			
Nov 3, 1951		10			
Dec 3, 1951					

Dec 3, 1952 - 17.08 - 60.00 Bal.
Jan 4, 1953 - 15 - 45 -
Feb 5, 1953 - 15 - 30.00
Mar. 6, 1953 - 15 - 15 -
April 1, 53 In full 15.00
E.T.G.

...ufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

...y the same within.....days from date. Interest to accrue from

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 10 1951

Name of Deceased Loyd C. Cable W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Drive El Verano, Calif. ☐Husband ☐Wife ☐Widow } Opal

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Opal Cable

Address El Verano - Gen Del

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Truck Driver 444-07-7183 (Social Security Number)

Employer and Address Orsac Feed Co.

Date of Death ~~May~~ May 10, 1951 - 8:10 A. (Date) (Hour)

Date of Birth July 15, 1914

Age 36 (Years) 9 (Months) 25 (Days)

Date of Funeral May 14 - Monday 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev McNaught El Verano (Address)

Religion of the Deceased Prod

Birthplace Missouri

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Reuben Cable

His Birthplace .....

Maiden Name of Mother Minnie Martin

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket #80 A-

Manufactured by Golden State Casket Co (State Color and Number)

Cemetery / Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 111.	39
Casket		
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		55 70
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		70 70
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		21 21 0
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	20	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music — Rev. McNaught donated services		
.... line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)	3	6 1
News Item, Napa -		
.....		
Sales Tax	2	12
Total Footing of Bill ..... $	152	12
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/25/51	To Above Balance	$	$		To Balance Forward ...	$	$ .....
	By Payment	$	$	July 23, 1951	By Payment	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....
	" "	$	$		" "	$	$ .....

Statement

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 1 1951

Name of Deceased James McKinley Hicks W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 150 B Glen Ellen ☐Husband ☐Wife ☐Widow } Nell M.

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Nell M. Hicks

Address.....above

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War No:.....

Occupation Farmer 557-09-3910:.....
(Social Security Number)

Employer and Address .....

Date of Death May 1, 1951 (Date) 3:30A (Hour)

Date of Birth Feb 25, 1895

Age 56 (Years) (Months) (Days)

Date of Funeral May 9 (Date) wed (Day of Week) 1:30 P.M. (Hour)

Services at: Chapel

Clergyman: Grange (Address)

Religion of the Deceased Prod

Birthplace Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or Dress~~ Shirt & Tie & Sox (State Kind and Color)	4	12
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		16 50
Candelabrum, $..... Candles, $		4
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		16 50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4 96 50
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation	45	00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
~~Cash Advanced~~ Grange Service		
Out of town Undertaker's Charges		
~~Personal Service~~ Extra Copies D/C -		50
ze Music - Marcuse - Dunbar	10	-
...line Death Notices in .....Papers		
Index Tribune, Easter (Names of Newspapers)	3	61
Lakeport News -	5	00
1 - C/C -	1	00
Sales Tax	4	85
Total Footing of Bill	$ 397	08
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
Jan 4, 52	On acct	10 -	$
Feb 4 - 52	To Above Balance		
	By Payment	10 -	$
mar 6, 52	" "	10 -	$
april 5 - 52	" "	10 -	$
May 6, 52	" "	10 -	$ 127 08
June 3, 52	" "	10 -	$ 117 08
July 3 - 52	" "	10 -	$ 107 08
Aug 4 - 52	" "	10 97	$ 97 08
Sept 3, 52	" "		
Oct 3, 1952		10 -	$ 87 08
Nov 3, 1952		10 -	$ 77 08

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment		$
May 16, 1951	On acct	50 -	$
	" "	100	$
June 11, 1951	" " "	10 -	$
July 9, 1951	" "	10	$
Aug 3 1951	" " "	10 -	$
Sept 4, 1951	" "	10	$
Oct 3, 1951		10	
Nov 3, 1951		10	
Dec 3, 1951			

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 10 1951

Name of Deceased Loyd C. Cable W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Drive El Verano, Calif. ☐Husband ☐Wife ☐Widow } Opal

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Opal Cable

Address: El Verano - Gen Del

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Truck Driver 444-07-7183 (Social Security Number)

Employer and Address Orsoe Feed Co.

Date of Death ~~Oct~~ May 10, 1951 - 8:10 A. (Date) (Hour)

Date of Birth July 15, 1914

Age 36 (Years) 9 (Months) 25 (Days)

Date of Funeral May 14 - Monday (Date) (Day of Week) 10 A.M. (Hour)

Services at Chapel -

Clergyman Rev McNaught El Verano (Address)

Religion of the Deceased Prod

Birthplace Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Reuben Cable

His Birthplace.....

Maiden Name of Mother Minnie Martin

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket #80 A- (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 111.	39
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		55.70
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		70.70
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		21.20
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	20.	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minnie -		
Rev. McNaught (donated Services)		
line Death Notices in ..... Papers		
Index Tribune	3.	6.1
(Names of Newspapers) News Item, Napa		
Sales Tax	2.	12
Total Footing of Bill	$ 152.	12
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/25/51	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 23 1951	"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 1957

Name of Deceased Joel M. Babcock W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sebastiani Hotel Sonoma ☐Husband ☐Wife ☐Widow } Georgia (What Race)

Charge to: Mrs. Madelyn Mulford or.....of

Address 347 San Antonio St. San Mateo Age of Husband or Wife (if living).....Years

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Farmer 552-38-2698 (Social Security Number)

Employer and Address.....

Date of Death May 15, 1957 (Date) 9 a.m. (Hour)

Date of Birth Dec 23 1876

Complete Funeral (except outlays)	$ 235	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		11 50
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		3 50
Door Spray, $ ... Gloves, $		3 —

FORM 184 - 2-51 - 5M

OFFICIAL RECEIPT OF

Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

A 562

DATE 5/16/57

THE SUM OF Sixty two no/100 DOLLARS $ 62 00

AS PAYMENT ON ..... NO. ..... DIV. LOT TIER ..... SECTION .....

REMARKS: Cremation - Joel M. Babcock + County tax

RECEIVED FROM: Bates + Evans Funeral Dir. Sonoma, Calif.

CASH		MONEY ORDER	MAIL
CHECK	90-25-4 1211		AT OFFICE
			COLLECTOR

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Rigadoni

BALANCE $ in full

His Birthplace	Clergyman, $ ... Singers, $ ... Organist, $		
Maiden Name of Mother	Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Her Birthplace	Telegr., Phone, Cable or Radio Charges		
Motor Ship } Remains to	Cash Advanced		
Size of Casket 9405- Gray Doe (State Color and Number)	Out of town Undertaker's Charges		
Manufactured by: S.F. Co.	Personal Service Casket Spray	15	00
Cemetery Crematory } Cypress Lawn	....line Death Notices in ..... Papers (Names of Newspapers)		
Lot No.	Sales Tax	3	53
Grave No.	Total Footing of Bill	$ 315	53
Section No.	Less	$ 11	75
Block No.	Balance	$ 303	78
Owner	Entered into Ledger, page .....or below.		

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 17 1957	" in full	$ 303 78	$
	"				" "	$	$
					" "	$	$
					" "	$	$
					" "	$	$
					" "	$	$

SIZE 6/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. pillow

HANDLES: 382- Hdls

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry May 21 1951

Name of Deceased Martha Lehman Postnikoff W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 949 Sonoma, Calif ☐Husband ☐Wife ☐Widow or ... of Albert Stephen

Age of Husband or Wife (if living) .... Years

Charge to: Mrs Jeanne Sibbert

Address P.O. Bx 949 Sonoma

Order given by above (or informant)

How Secured

If Veteran, State War no

Occupation at home no. Social Security Number

Complete Funeral (except outlays)	$ 464	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		
Dressing Body, $ ...... Underwear, $		
Suit or Dress		

FORM 184 - 2-51 - 5M

OFFICIAL RECEIPT OF
Cypress Lawn Memorial Park
COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

A 588

DATE 5/23/51

THE SUM OF One hundred thirty nine 25/100 DOLLARS $ 139 25

AS PAYMENT ON sgl. cmc. NO. DIV. LOT TIER 1 Lot 383 SECTION F.

REMARKS: (Martha Postnikoff) (+ county tax

CASH		MONEY ORDER		MAIL
CHECK	90-754 / 1211			AT OFFICE / COLLECTOR

RECEIVED FROM: Bates + Evans Sonoma, Calif

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Pigadini

BALANCE $ in full

32 3 / 46 25

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John L. Orr

His Birthplace Iowa

Maiden Name of Mother Jennie W. Zeh

Her Birthplace

Motor / Ship } Remains to

Size of Casket below

(State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory } Cypress Lawn, San Mateo Co.

Lot No. ....
Grave No. ....
Section No. ....
Block No. ....
Owner ....

Diagram of Lot or Vault

Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ .... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service no music		
Rev. Bottrom	10	-
.... line Death Notices in ...... Papers		
no notices (Names of Newspapers)		
Sales Tax	6	96
Total Footing of Bill	$ 620	21
Less 23.20 - 30 days	$ 23	20
Balance	$ 597	01

Entered into Ledger, page ...... or below.

SIZE 6/6 NO. 4538- COV. 323

DESCRIPTION Sabina of Mahawk Full lined
Sr B & Bp Fringe on overlay

HANDLES: 432-6x0-Hdls

Date			Amount Paid		Balance
		To Balance Forward			$
		By Payment	$		$
		" "	$		$
May 28 51		" In full	$ 597	01	$
		" "	$		$
		" "	$		$
		" "	$		$
		" "	$		$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of ....% per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

22

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 19 57

Name of Deceased Jack M. Babcock

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Sebastiani Hotel Sonoma ☐Husband ☐Wife ☐Widow } Georgia

Charge to: Mrs. Madelyn Mulford or.....of

Address 347 San Antonio St. San Mateo Age of Husband or Wife (if living).....Years

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.

Occupation Farmer 552-38-2698
(Social Security Number)

Employer and Address.....

Date of Death May 15, 1957 9 a.m.
(Date) (Hour)

Date of Birth Dec 23 1876

74
(Years) (Months) (Days)

of Funeral May 16 Wed 2 P. M.
(Date) (Day of Week) (Hour)

es at Cypress Lawn San Mateo Co

rman Cremation

n of the Deceased Pres. (Address)

lace Iowa

l in the State
(or U. S. or City or County) (Years) (Months)

f Death San Mateo County Hospital

f Death.....

tory Causes.....

.....

g Physician Robert L. Mollenhauer MD
(or Coroner)

ess Sonoma, Calif.

Father Charles Babcock

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 240.00 Gray Doe
(State Color and Number)

Manufactured by: S. F. Co.

Cemetery Crematory } Cypress Lawn

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 235	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		11 50
Folding Chairs, $..... Tarpaulin, $		3 50
Candelabrum, $..... Candles, $		3 50
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit San mateo (State Number and District)	3	00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	60	—
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Casket & Spray	15	00
.....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax	3	53
Total Footing of Bill	$ 315	53
Less	$ 11	75
Balance	$ 303	78

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 17 1957	" " in full	$ 303 78	$
	"				" "	$	$
					" "	$	$
					" "	$	$
					" "	$	$

SIZE 6/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd.pillow

HANDLES: 382- Hdls

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 21 1951

Name of Deceased Martha Lehman Postnikoff w.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence P.O Bx 949 Sonoma, Caly ☐Husband ☐Wife ☐Widow } Albert Stephen

Charge to: Mrs. Jeanne Pibbert or.....of } Age of Husband or Wife (if living).....Years

Address... P.O. Bx 949 Sonoma

Order given by above (or informant)

How Secured

If Veteran, State War no

Occupation At home no (Social Security Number)

Complete Funeral (except outlays)	$	464 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress		

FORM 184 - 2-51 - 5M

OFFICIAL RECEIPT OF

Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

A 588

DATE 5/23/51

THE SUM OF One hundred thirty nine 25/100 DOLLARS $ 139.25

AS PAYMENT ON sgl. crna. NO. DIV. LOT TIER 1 Lot 383 SECTION F.

REMARKS: (Martha Postnikoff) (+ county tax

RECEIVED FROM: Bates + Evans Sonoma, Calif

CASH		MONEY ORDER		MAIL / AT OFFICE
CHECK	90-255 / 1211			COLLECTOR

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Pigadini

BALANCE $ in full

Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $..... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad or Motor } Tickets, $..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service No music			
Rev. Bultrum		10	-
....line Death Notices in..... Papers			
No notices (Names of Newspapers)			
Sales Tax		6.	96
Total Footing of Bill	$	620	21
Less 23.20 - 30 days	$	23	20
Balance	$	597	01

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father John L. Orr

His Birthplace Iowa

Maiden Name of Mother Jennie W Zeh

Her Birthplace

Motor / Ship } Remains to

Size of Casket below (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory } Cypress Lawn, San Mateo Co

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Entered into Ledger, page.....or below.

SIZE 6/6 No. 4538- Cov. 323

DESCRIPTION Sabina of Mahawk Full lined
Sr B & Bp Fringe on overlay

HANDLES: 432-6x0-Hdls

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
	" "	$		$	
May 28 51	" In full	$ 597	01	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 19 57

Name of Deceased Jack M. Babcock W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sebastiani Hotel Sonoma ☐Husband ☐Wife ☐Widow } Georgia

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Madelyn Mulford

Address 347 San Antonio St. San Mateo

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation Farmer

Employer and Address .....

Date of Death May 1[illegible]

Date of Birth Dec 2[illegible]

[illegible] 74 (Years)

[illegible] of Funeral May 1[illegible] (Date)

[illegible]es at Cypress L[illegible]

[illegible]rman Commo[illegible]

[illegible]n of the Deceased...

[illegible]lace ...Same...

[illegible] in the State..... (or U.

[illegible] Death Commo[illegible]

[illegible] Death.....

[illegible]tory Causes.....

.....

[illegible]g Physician Robert L. Mollenhauer MD (or Coroner)

[illegible]ess Sonoma, Calif.

[illegible] Father Charles Babcock

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 9405- Gray Doe (State Color and Number)

Manufactured by: S. F. C. Co.

Cemetery Crematory } Cypress Lawn

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 235.-
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body $ ..... Underwear, $	
Outlay for [illegible]	
Cremation	60.-
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Casket & pray	15 00
.....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	3 53
Total Footing of Bill	$ 313 53
Less	$ 10 75
Balance	$ 303 78

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$	.....	To Balance Forward	.....	$ .....
.....	By Payment	$	$	.....	By Payment	$	$ .....
.....	" "	$	$	May 15 1957	" Full	303 78	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....

SIZE 6/3 NO. 9405- Slip cap COV. Gray Doe

DESCRIPTION: Tined Sunray Rd.pillow

HANDLES: 382- Hdls

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 21 19 51

Name of Deceased Martha Lehman Pastnikoff w.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 949 Sonoma, Caly ☐Husband ☐Wife ☐Widow } Albert Stephen

Charge to: Mrs. Jeanne Pibbert or.....of } Age of Husband or Wife (if living).....Years

Address P. O. Bx 949 Sonoma

Order given by above (or informant)

How Secured

If Veteran, State War no

Occupation At home no. (Social Security Number)

ployer and Address

e of Death May 21, 1951 (Date) 11:20 a. (Hour)

e of Birth January 1, 1883

68 (Years) 4 (Months) 19 (Days)

e of Funeral. May 23 (Date) Wed (Day of Week) 9:30 a. M. (Hour)

vices at Chapel

rgyman Rev. Buttrum Sonoma (Address)

igion of the Deceased Prod

thplace Massachusetts

sided in the State (or U. S. or City or County) (Years) (Months)

ce of Death Community Hospital

use of Death Adeno Carcinoma Z

ntributory Causes Rectum - Bowel & Colostomy Obstruction

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma Caly

Name of Father John L. Orr

His Birthplace Iowa

Maiden Name of Mother Jennie W Zeh

Her Birthplace

Motor / Ship } Remains to

Size of Casket below (State Color and Number)

Manufactured by S. F. G. G. Co.

Cemetery / Crematory } Cypress Lawn, San Mateo Co

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 464	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		232 3
Door Spray, $ ... Gloves, $		646
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot Cypress Lawn Charges	139	25
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service No music		
Rev. Buttrum	10	-
...line Death Notices in ... Papers		
No notices (Names of Newspapers)		
Sales Tax	6.	96
Total Footing of Bill	$ 620	21
Less 23.20 - 30 days	$ 23	20
Balance	$ 597	01
Entered into Ledger, page ... or below.		

SIZE 6/6 No. 4538- Cov. 323

DESCRIPTION Sabina of Mahawk Full lined
Sr B & Bp Fringe on overlay

HANDLES: 432-6x0-Hdls

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment	$	$
	" "	$	$
May 28 51	" In full	$ 597 01	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 21 1951

Name of Deceased Mary Hill White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Acacia Grove Boyes Springs ☐Husband ☐Wife ☐Widow } Francis

Charge to Francis Hill or.....of } Age of Husband or Wife (if living).....Years

Address abroad

Order given by Sam Hazee (Sent money.)
(or informant)

How Secured 1318 H. Ave. New Castle, Indiana

If Veteran, State War no

Occupation Housewife + 305-24-9845
(Social Security Number)

Employer and Address

Date of Death May 21, 1951 11:30 A.
(Date) (Hour)

Date of Birth June 5, 1927

Age 23 (Years) 11 (Months) 16 (Days)

Date of Funeral Removal May 24, Thurs. 9:30 P.M.
(Date) (Day of Week) (Hour)

Services at New Castle Indiana

Clergyman
(Address)

Religion of the Deceased Prod.

Birthplace Indiana

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician Vernon Silversheild,
(or Coroner)

His Address Santa Rosa, Caly

Name of Father Claude Cowan

His Birthplace Kentucky

Maiden Name of Mother Susanne Thompson

Her Birthplace Kentucky

~~Motor~~ Ship } Remains to New Castle Indiana

Size of Casket Orphan's &c
(State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Indiana (New Castle)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	479 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Flying Tiger		
Fares to New Castle Indiana		98 89
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax Out of State		
Total Footing of Bill	$	577 89
Less Cash	$	23 95
Balance	$	553 94

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 22 51	In Full	$553 94	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 23 1951

Name of Deceased Olga Galenske W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Box 266 Sonoma, Cal. ☐Husband ☐Wife ☐Widow } Fred -
or.....of } Age of Husband or Wife (if living).....Years

Charge to Allen J. Martinson

Address Above -

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.

Occupation At home No.
(Social Security Number)

Employer and Address.....

Date of Death May 23, 1951
(Date) (Hour)

Date of Birth October 1, 1881

Age 69 (Years) 7 (Months) 22 (Days)

Date of Funeral May 25 (Date) Friday (Day of Week) 11 (Hour) A.M.

Services at Chapel

Clergyman Lyman E. Jones Petaluma
(Address)

Religion of the Deceased Prod.

Birthplace Iowa

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father Edward Kuchnast

His Birthplace Germany

Maiden Name of Mother Weiss

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket 9405 Gray Doe
(State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	220 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		11.2
Slippers, $ ... Hose, $		15
Folding Chairs, $ ... Tarpaulin, $		12.5
Candelabrum, $ ... Candles, $		3
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		3.75
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Nurse, Pastor, Musicians		10 -
Rev. Lyman E. Jones		10 -
... line Death Notices in ... Papers		
Posted, Index Tribune (Names of Newspapers)		3 61
1 C/C		1 00
Sales Tax		3 75
Total Footing of Bill	$	288 36
Less 11.75 30 days	$	11 75
Balance	$	276 61

Entered into Ledger, page.....or below.

SIZE 6/3 NO. 9405- Slip cap COV. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382 Hdls

Date			Amount Paid		Balance	
		To Balance Forward			$	
May 25		By Payment	$ 276	61	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 3 1951

Name of Deceased Charles Zautz W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3480 - 39th Ave. Oakland, Calif. ☐Husband ☐Wife ☐Widow } Delia 86

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Delia Zautz

Address Above -

Order given by Mrs Stella Drozinski (or informant)

How Secured Address above

If Veteran, State War World War I

Complete Funeral (except outlays)	$ 398	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		

TELEPHONE 2686

X Statement & letter to Mrs Drozinski - please sign. + 150.00 Government with understanding that if Government does not pay, they will pay.

50
50
50
3
453

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

June 5, 1951

Received from the above named firm.

one Elgin Pocket Watch

Glasses

Tie clasp.

Belonging to Mr Charles Zautz (deceased)

Signed, Stella Drozinski

Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes Oakland

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Personal Service		
Minister, Themselves		
line Death Notices in ..... Papers		
No notices (Names of Newspapers)		
Sales Tax	5	97
Total Footing of Bill	$ 456	25
Less 19.90 - 30 days	$ 19	90
Balance	$ 436	35

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
June 14, 1951	Filed with Government	$	$	July 9, 1951	"	$ 286 65	$
	" "	$	$	Aug 2, 1951	"	$ 150 -	$
	" "	$	$		" Bill	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry June 4 1951

Name of Deceased Stephen Kenneth Kornek W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Box 287 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: David Kornek

Address Abane

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation none no. (Social Security Number)

Employer and Address .....

Date of Death June 4, 1951 (Date) Stillborn (Hour)

Date of Birth June 4, 1951

Age 0 (Years) (Months) (Days)

Date of Funeral June 6 (Date) Wed. (Day of Week) ..... M. (Hour)

Complete Funeral (except outlays)	$	45 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		22 50
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		67 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		1 —
Autos to R. R. Station ..... @ $		

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 10024

RECEIVED FROM M Bates & Evans Santa Rosa, California, June 6 1951

Crematorium Services For	Kornek		10 00	12 57
Memorial Section --including endowment fund deposit--	Babyland	Tier / No.	12 57	10 —
Urn	Chest	Sales Tax		
Flower Service { Twice / Once }	Each Week, from	to		
{ Rental / Care }	from	to	Engraving / Permit	
		Total	22 57	
Credits				
Received	Twenty-Two 57/100	Dollars	22 57	
		Present Balance		

Check No. 90-754 / 1211 Record No. 4390

CALIFORNIA CREMATORIUM
Per M Canotheus

Cemetery / Crematory Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

(Names of Newspapers)

Sales Tax		68
Total Footing of Bill	$	68 25
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	June 6	By Payment	$	$
	" "	$	$		" " Full	$68 25	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

26

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 3 1951

Name of Deceased Charles Zautz W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3480 - 39th Ave. Oakland, Calif. ☐Husband ☐Wife ☐Widow or ..... of } Delia 86
Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Delia Zautz

Address Above

Order given by Mrs. Stella Drozinski (or informant)

How Secured Address above

If Veteran, State War World War I

Occupation Retired Lt. U.S.N. No (Social Security Number)

Employer and Address .....

Date of Death June 3, 1951 (Date) (Hour)

Date of Birth July 13, 1868 82 (Years) (Months) (Days)

Date of Funeral Thurs. June 7, (Date) 11 A.M. (Day of Week) (Hour)

Services at Chapel of the Chimes Oakland

Clergyman Unity Church by family (Address)

Occupation of the Deceased Dressmaker

Birthplace Latvia

Married in the State .....
(or U. S. or City or County) (Years) (Months)

Cause of Death Community Hospital

Immediate Cause of Death Shock & hemorrhage from

Contributory Causes Laceration of Spleen

Attending Physician Vernon Silvershield (or Coroner)

Address Santa Rosa, Calif.

Name of Father Fred Zautz

Birthplace Latvia

Maiden Name of Mother Walmeera

Birthplace Latvia

Ship Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes Oakland

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$ 398	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress shirt 2.50 - 24.08 (State Kind and Color)	2	58
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		19 00
Funeral Car, $ ..... Ambulance, $		2 50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		1 50
Autos to R. R. Station ..... @ $		2 3
Getting Remains from		10 50
Taking Remains to		6
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	50	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister, Themselves		
....line Death Notices in ..... Papers No notices (Names of Newspapers)		
Sales Tax	5	97
Total Footing of Bill	$ 456	55
Less 19.90 - 30 days	$ 19	90
Balance	$ 436	65

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
June 14, 1951	Failed with Government	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 9,	1951 "	$ 286 65	$
	1951 "	$	$
Aug 7,	1951 "	$ 150 -	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 4 1951

Name of Deceased Stephen Kenneth Kornek W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 287 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: David Kornek

Address Abbane

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation none no. (Social Security Number)

Employer and Address .....

Date of Death June 4, 1951 (Date) Stillborn (Hour)

Date of Birth June 4, 1951

Age 0 (Years) (Months) (Days)

Date of Funeral June 6 (Date) Wed. (Day of Week) ..... (Hour) M.

Complete Funeral (except outlays)	$	45 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		22 50
Folding Chairs, $ ..... Tarpaulin, $		3 —
Candelabrum, $ ..... Candles, $		67 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		1 —
Autos to R. R. Station ..... @ $		

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 10024

RECEIVED FROM M Bates & Evans Santa Rosa, California, June 6 1951

Crematorium Services For Kornek		10	00
Memorial Section --including endowment fund deposit-- Babyland	Tier ..... No.	12	57
Urn ..... Chest	Sales Tax		
Flower Service { Twice / Once } Each Week, from ..... to			
{ Rental / Care } from ..... to	Engraving ..... Permit		
	Total	22	57
Credits			
Received Twenty-Two 57/100	Dollars	22	57
	Present Balance		

90-754
1211

Check No. ..... Record No. 4390

CALIFORNIA CREMATORIUM
Per M Lanothus

Cemetery / Crematory Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

(Names of Newspapers)

Sales Tax		68
Total Footing of Bill	$	68 25
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	June 6	By Payment	$	$
	" "	$	$		" Jul	$ 68 25	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry June 3 1951

Name of Deceased Charles Zautz W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3480 - 39th Ave. Oakland, Calif. ☐Husband ☐Wife ☐Widow or ..... of } Delia 86

Charge to Mrs. Delia Zautz Age of Husband or Wife (if living) ..... Years

Address above

Order given by Mrs Stella Drozinski (or informant)

How Secured Address above

If Veteran, State War World War I

Occupation Retired Lt. U.S.N. no (Social Security Number)

Employer and Address

Date of Death June 3, 1951 (Date) (Hour)

Date of Birth July 13, 1868

82 (Years) (Months) (Days)

Date of Funeral Thurs June 7 11 A. M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes Oakland

Clergyman Unity Church by family (Address)

Position of the Deceased Dead

Birthplace Latvia

Lived in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Shock & hemorrhage from

Contributory Causes Laceration of Spleen

Attending Physician Vernon Silversheild (or Coroner)

Address Santa Rosa, Calif

Name of Father Fred Zautz

Birthplace Latvia

Maiden Name of Mother Wal

Birthplace Latvia

Shipping } Remains to

Size of Casket Taupe (State Color and Number)

Manufactured by: Sutter Casket

Cemetery / Crematory } Chapel of the Chimes Oak

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 398	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress shirt 2.50 tie 0.8 (State Kind and Color)	2	58
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		19 00
Funeral Car, $ ..... Ambulance, $		2 50
Limousines to Cemetery ..... @ $		21 50
Extra Limousines ..... @ $		2 13
Autos to R. R. Station ..... @ $		10 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number)		
___ Certif. Copies of Death Certif (State)		
Pall Bearer Service, $		
Gross Total for		
Outlay for		
Cr	$ 436	65

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
June 14, 1951	Paid with Government	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	Balance Forward		$
	By Payment	$	$
June 9, 1951	"	$ 286 65	$
July 2, 1951	"	$ 150 -	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry June 4 1951

Name of Deceased Stephen Kenneth Karnek W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 287 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Charge to: David Karnek Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation none no (Social Security Number)

Employer and Address .....

Date of Death June 4, 1951 (Date) Stillborn (Hour)

Date of Birth June 4, 1951

Age 0 (Years) (Months) (Days)

Date of Funeral June 6 (Date) Wed. (Day of Week) (Hour) M.

Services at prayer at Chapel of the Chimes

Clergyman ..... (Address)

Religion of the Deceased Prod.

Birthplace Cal.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Umbilical Cord Compressed

Contributory Causes between Baby's shoulder, Mother's pelvis

Attending Physician W. G. Price M.D. (or Coroner)

Address Sonoma

Name of Father David Karnek

Birthplace Washington

Maiden Name of Mother Alice Lorraine Coggin

Birthplace Minnesota

Remains to .....

Casket No. 2 #50 White Lamb (State Color and Number)

Furnished by Golden State Co. Co.

Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 45	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		22 50
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		67 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		1
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Baby's land	12	5 7
Cremation	10	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		68
Total Footing of Bill ..... $	68	25
Less ..... $		
Balance ..... $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 6	" full	$ 68 25	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 6 1957

Name of Deceased Charlie Willard Ambrose W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Cypress St. Kenwood, Cal. ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: John Ambrose

Address P.O. Bx. 122 Kenwood

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation Schoolboy No (Social Security Number)

Employer and Address.....

Date of Death June 6, 1957 (Date) (Hour)

Date of Birth July 25, 1936

Age 14 (Years) 10 (Months) 11 (Days)

Date of Funeral June 9 Sat (Date) (Day of Week) 2 P.M. (Hour)

Services at Assembly of God

Clergyman Rev. H. Teeters Boyes Spgs (Address)

Religion of the Deceased Prod

Birthplace Oklahoma

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father John Ambrose

His Birthplace Missouri

Maiden Name of Mother Clara Henderson

Her Birthplace Oklahoma

Motor Ship } Remains to.....

Size of Casket Hollywood - Polished Wood - Rev. Teeters, Themselves (State Color and Number)

Manufactured by: Hollywood Casket Co

Cemetery Crematory } Mt. Cemetery Sonoma

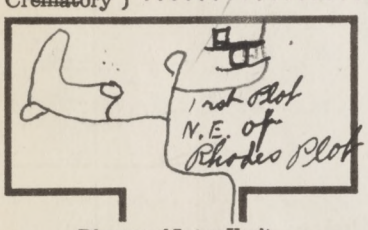

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 637	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Slacks, Coat Shirt & Tie (State Kind and Color)	32	29
Slippers, $ ... Hose, $ Underwear & Shirt & Tie		
Folding Chairs, $ ... Tarpaulin, $	2	06
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		31 50
Limousines to Cemetery ... @ $		31 35
Extra Limousines ... @ $		2 —
Autos to R. R. Station ... @ $		15 —
Getting Remains from		36 85
Taking Remains to		3 —
Trip to Coroner's Inquest		55
Delivering Box to		11 00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	—
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 posts @ 2 00	8	—
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music (Rev Teeters)		
...line Death Notices in ... Papers		
Locals Posted	3	61
(Names of Newspapers) Press Democrat	4	—
Sales Tax	10	01
Total Footing of Bill	$ 776	97
Less 32.60 - 30 days	$ 32	60
Balance	$ 744	37

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
6/9/51	Book Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
6/9/51	" "	$ 125 —	$
7-13-51	" Floyd	$ 25 —	$
7-14-51	" John	$ 30 —	$
7-14-51	" John	$ 25	$
7-14-51	" Jessie	$ 25	$
Aug 7, 1951	John Ambrose	$ 494 37	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 9 1951

Name of Deceased Emma G. Kunne W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 312 - 2nd St. Sonoma ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Blanche Rambo

Address P.O. Bx 523 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation at home No. (Social Security Number)

Employer and Address.....

Date of Death June 9, 1951 (Date) 5 P.M. (Hour)

Date of Birth Aug. 27, 1863

Age 87 (Years) (Months) (Days)

Date of Funeral June 12 Tue (Date) (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Rev. Teeters Boyes Springs (Address)

Religion of the Deceased Prod. -

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Gilbert N. Kunne

His Birthplace N. Y.

Maiden Name of Mother Ethelinda Post

Her Birthplace N. Y.

Motor Ship } Remains to.....

Size of Casket 7/8 pile - #1 - (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Mt. Cemetery Sonoma

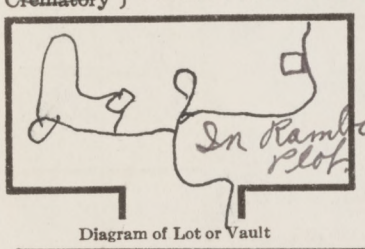

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	449 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		22 50
		15
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		2 39 50
		3
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		7 1 85 0
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		45 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Teeters		10 -
Organ Music (Marcuse)		5 -
...line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)		3 61
Sales Tax		7 19
Total Footing of Bill	$	539 80
Less 23 20 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

SIZE 6/6 No. 4538 57. COV. 272

DESCRIPTION: Sabina of Embassy Full lined S
Sr B & Bp Fringe off overlay

HANDLES: 652-6x2- Spt Hdls

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
	" "	$		$	
May 23, 1953	" J M Feil	$539	80	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

9/8/ 1st statement
aug 3, 1951 Filed 9 RH

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No. 9..... Date of Entry June 15 1951.

Name of Deceased Oscar Soucey W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Gibson St. Glen Ellen, ☐Husband ☐Wife ☐Widow } Vera

Charge to: Mrs. James A. Parr, Sister or.....of } Age of Husband or Wife (if living).....Years

Address: P.O. Box 108 - Glen Ellen.

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Auto Mechanic 569-12-5382 (Social Security Number)

Employer and Address .....

Date of Death June 15, 1951 - 11:15 A (Date) (Hour)

Date of Birth Sept. 24, 1882

Age 68 (Years) 8 (Months) 21 (Days)

Date of Funeral June 18 Mon 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman: Rev. Lokan Kenwood (Address)

Religion of the Deceased Prod.

Birthplace Martinson, Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Lafayette F. Soucey

His Birthplace Martinson, Illinois

Maiden Name of Mother Emiley Mary Carrow

Her Birthplace: Martinson, Illinois

Motor / Ship } Remains to.....

Size of Casket 9405 - Slip Cap Doe Skin (State Color and Number)

Manufactured by: S.F. Casket Co -

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma -

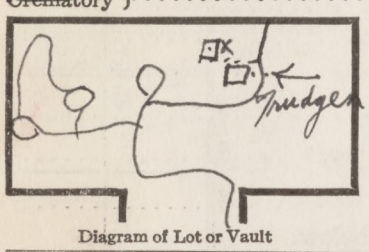

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 220	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Shirt - 2.50 (State Kind and Color)	2	5-8
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		110
Door Spray, $..... Gloves, $		15
Funeral Car, $..... Ambulance, $		2.50
Limousines to Cemetery ..... @ $		2.50
Extra Limousines ..... @ $		2.50
Autos to R. R. Station ..... @ $		3
Getting Remains from:		3.82 50
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Casket Spray	10	-
Procuring Burial Permit (State Number and District)	5	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 2 Posts	4	-
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Lokan -	10	-
....line Death Notices in..... Papers		
Organ music only (Names of Newspapers)	5	-
Sales Tax	3	75
Total Footing of Bill	$ 325	33
Less 11.75 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
								To Balance Forward					
								By Payment		$		$	
								" " Jul		$313	58	$	
							June 20, 1951	" Jul		$		$	
					$			" Jn		$		$	
					$			" "		$		$	
		" "	$		$			" "		$		$	
		" "	$		$			" "		$		$	

SIZE 6/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382 Hdls

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 15 1951

Name of Deceased John Angelo Perona W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Box 53a Sonoma ☐Husband ☐Wife ☐Widow } Catherina

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Felix F. Perona

Address 935 Bush St. San Francisco

Order given by Abade (or informant)

How Secured:

If Veteran, State War No.

Occupation Farmer 553-26-9779 (Social Security Number)

Employer and Address

Date of Death June 15, 1951 (Date) 7 a. (Hour)

Date of Birth October 9, 1879

Age 73 (Years) 8 (Months) 6 (Days)

Date of Funeral June 17 (Date) Sun (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman Rev. Champlin Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Notre Dame Hospital S. F.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Unk. Perona

His Birthplace Italy

Maiden Name of Mother

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket 9405- Slip Cap Grey Doe (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Chapel of the Chimes S. F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	235	
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $ 1.50			
Suit or Dress Shirt 2.50 Underwear 1.50 (State Kind and Color) Sox .50			
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $ 4.14		4.	50
Candelabrum, $ ... Candles, $ .24			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $		17	50
Limousines to Cemetery ... @ $			4.50
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $		22	00
Getting Remains from			3
Taking Remains to			3.66
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation		45	-
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service Rev. Champlin		10	-
Organ Marcuber		5	00
....line Death Notices in ... Papers			
no notices (Names of Newspapers)			
Spot. Clean. Suit			
Sales Tax		3	53
Total Footing of Bill	$	303	03
Less 11. 75- 30 days	$	11	75
Balance	$	291	28

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		$
					By Payment	$	$
				June 15, 1951 on acct		$200 -	$
				June 25, 51 " ck- 103 03		$	$
				Refund 11 75 " " cash due		$	$
		$	$	ck# " " J. Hill		$	$
	" "	$	$			$	$

SIZE 6/3 No. 9405- Slip cap COV. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382- Hdls

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 14 1951

Name of Deceased William Gaffney W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 2528 Fulton St. S.F.

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Miss Margaret Slavin

Address: ~~2528 Fulton St. S.F.~~

Order given by 787 - 2nd Ave SF (or informant)

How Secured: :

If Veteran, State War No.

Occupation Janitor Name (Social Security Number)

Employer and Address

Date of Death June 14 1951 (Date) 10 P.M. (Hour)

Date of Birth October 19, 1875

Age 75 (Years) (Months) (Days)

Date of Funeral June 18 Mon (Date) (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman: :

Religion of the Deceased Catholic (Address)

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Imola, Napa State Hospital

Cause of Death Myocarditis Chronic

Contributory Causes Senility Psychosis With Cerebral Arteriosclerosis

Certifying Physician R. L. Nattkemper M.D. (or Coroner)

His Address Napa State Hospital

Name of Father John Gaffney

His Birthplace Ireland

Maiden Name of Mother Ann Glynn

Her Birthplace Ireland

Motor / Ship } Remains to

Size of Casket 95 H. Grey Val (State Color and Number)

Manufactured by State Casket Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ 13.00 14.39 (State Kind and Color)	13	39
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $: : ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		15
Extra Limousines ..... @ $		13
Autos to R. R. Station ..... @ $		18
Getting Remains from: :		18
Taking Remains to		
Trip to Coroner's Inquest		5 46
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot: Owned Plot		
Cremation		
Flowers, $ ..... Palms, $: : : : Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
....line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)	3	61
Sales Tax	5	07
Total Footing of Bill $	385	07
Less 16.15 - 30 days $		
Balance $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
June 18 1951	To Above Balance Took Statement -	$	$		To Balance Forward		$
12-12-51	By Payment Letter -	$	$		By Payment	$	$
1-4-52	" " "	$	$	June 29, 1951	" on acct	$ 100 -	$
6/24-52	" " "	$	$	July 26, 1951	" By Presidio Parlor #15 & W.	$ 200 -	$
3/3/53	" "	$	$		"	$	$
	" "	$	$		"	$ 85 07	$
	" "	$	$	May 8, 1953	" Jn Gill	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Harvey Harkness, Attorney at Law
210 - West 7th St
Los Angeles 14, Calif.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 24 19 51

Name of Deceased James Adams Armstrong W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 3 - Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow

Charge to: Mrs. Lillie Armstrong or ..... of } Age of Husband or Wife (if living) ..... Years

Address: Above

Order given by: Harvey Harkness Atty

How Secured: (or informant) 210 - West 7th St Los Angeles 14

If Veteran, State War No.

Occupation: Merchant No. (Social Security Number)

Employer and Address

Date of Death June 24, 1951 (Date) 10:35 A. (Hour)

Date of Birth Unknown

Age 94 (Years) (Months) (Days)

Date of Funeral June 26 (Date) 11 a.m. (Day of Week) (Hour) M.

Services at Chapel of the Chimes S.R.

Clergyman: Committal

Religion of the Deceased: (Address) Prod.

Birthplace: Ohio

Resided in the State

Place of Death: (or U. S. or City or County) (Years) (Months) Mills Hospital San Mateo

Cause of Death

Contributory Causes

Certifying Physician Coroner (or Coroner)

His Address: San Mateo Calif.

Name of Father: James Armstrong

His Birthplace: York

Maiden Name of Mother: Gwendolyn Armstrong

Her Birthplace

Motor / Ship } Remains to

Size of Casket: Taupe (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	398	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			1.99
Folding Chairs, $ ..... Tarpaulin, $			3
Candelabrum, $ ..... Candles, $			5.97
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation ..... permit		45	50
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
....line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax		5	97
Total Footing of Bill	$	449	47
Less 19.90 - 30 days	$	19	90
Balance	$	429	57

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
July 19, 1951	To Above Balance Filed With Attorney	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 28, 1951	" Jr Jull	$ 429 57	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 9 Yearly No. ..... Date of Entry June 24 1951

Name of Deceased Garret Perry W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 246 Stinson Beach ☐Husband ☐Wife ☐Widow } .....

Charge to Frank P. Keaton's mortuary or ..... of } Age of Husband or Wife (if living) ..... Years

Address San Rafael Brought from Keaton's

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation .....

Employer and Address ..... (Social Security Number)

Date of Death June 24, 1951 (Date) 3 P. (Hour)

Date of Birth Feb 2, 1951

Age ..... (Years) 4 mos. (Months) (Days)

Date of Funeral June 28 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Terrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace San Francisco

Resided in the State Life (Of U. S. or City or County) (Years) (Months)

Place of Death Ross Gen Hospital

Cause of Death Fulminating Infection

Contributory Causes Cause Unknown

.....

Certifying Physician Dr A H Degenhardt M D (or Coroner)

His Address Healdsburg Calif

Name of Father Frank Perry Unk

His Birthplace Davis Spooner

Maiden Name of Mother .....

Her Birthplace Unk

Motor Ship } Remains to .....

Size of Casket Brought from Keaton's (State Color and Number)

Manufactured by .....

Cemetery Crematory } Mt Cemetery Sonoma

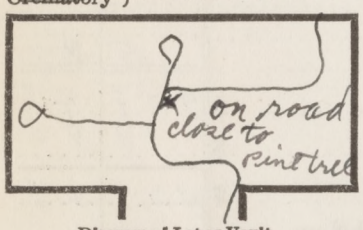

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) $		
Casket Chapel Service	15	00
Burial Vault or Box (State Kind)	10	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		10
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		30
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	00
(State Number and District)		
___Certif. Copies of Death Certificates No. ___		
(State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	20	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service, Organ (Marcucci)	5	00
Rev Terrell	10	00
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax R R Box		30
Total Footing of Bill $	65	30
Less Independant Journal $	3	60
Balance $	61	90

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6/28/51	Statement to Keatons				To Balance Forward		
	To Above Balance				By Payment	61 90	
	By Payment			July 9, 1951	" Insurance		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 1 1951

Name of Deceased George Edgar Crane W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Bx 280 Sonoma ☐Husband ☐Wife ☐Widow Josephine 62

Charge to Mrs. Josephine Crane or or.....of Age of Husband or Wife (if living).....Years

Address. Sister Mrs. C. Lynch - address above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Engineer 546-09-0889 (Social Security Number)

Employer and Address.....

Date of Death July 1, 1951 5:25 P. (Date) (Hour)

Date of Birth April 10, 1880

Age 71 (Years) (Months) (Days)

Date of Funeral no service (Date) (Day of Week) (Hour) M.

Services at: None

Clergyman:..... (Address)

Religion of the Deceased Prod.

Birthplace Fresno, Calif.

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Mendocino State Hospital Talmadge Cal.

Cause of Death Heart Failure

Contributory Causes Arteriosclerosis

Psychosis c. Cerebral Arteriosclerosis

Certifying Physician Charles L. Tranter M.D. (or Coroner)

His Address Box X - Talmadge, Calif.

Name of Father Edgar Crane

His Birthplace.....

Maiden Name of Mother Josephine

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket #80 Grey (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		80
Dressing Body, $ ..... Underwear, $		7 40
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Talmadge	15	-
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	2	40
Total Footing of Bill	$ 222	40
Less 8.00 30 days gratis	$ 8	
Balance	$ 214	40

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 3, 1951	" " Prudential	$ 214 40	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

36

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 5. 19 51

Name of Deceased Mary Julia Nonella W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 154 El Verano, Caly. ☐Husband ☐Wife ☐Widow of Sylvester

Charge to Miss Mabel Nonella Age of Husband or Wife (if living).....Years

Address Above (Pete Stuermer)

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation At home no (Social Security Number)

Employer and Address

Date of Death July 5. 1951 8:30 P. (Date) (Hour)

Date of Birth Feb 16, 1862

Age 89 (Years) 4 (Months) 25 (Days)

Date of Funeral July 7 (Date) Sat. (Day of Week) 11 A. (Hour) M.

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman MD (or Coroner)

His Address Sonoma, Caly

Name of Father Pedrelli

His Birthplace Switzerland

Maiden Name of Mother Maria

Her Birthplace Switzerland

Motor Ship } Remains to

Size of Casket Metal S.C. Zinc (State Color and Number)

Manufactured by Round Gasket Co. Everett, Wash.

Cemetery Crematory } Mt. Cemetery Sonoma

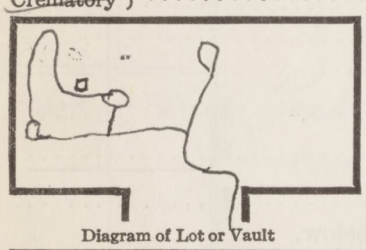

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 740	-
Casket		
Burial Vault ~~or Box~~ Steele (State Kind)	175	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 17.00 Underwear, $		
Suit ~~or~~ Dress 17.00 Lot 51 (State Kind and Color)	17	57
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		370
Door Spray, $ ..... Gloves, $		175
Funeral Car, $ ..... Ambulance, $		17
Limousines to Cemetery ..... @ $		5.75
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		16.86
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	55	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Mass	15	00
Personal Service Telegram		
Sonoma Co. Bispa County Tribune		
line Death Notices in ..... Papers		
Everett Herald (Names of Newspapers)	7	60
Napa Register	2	50
Democrat	4	00
Sales Tax	16	35
Total Footing of Bill	$ 982	96
Less 45.75 = 30 days'	$ 45	75
Balance	$ 937	21

Entered into Ledger, page ..... or below.

NONELLA—In El Verano, Calif., July 5, 1951, Mary Julia Nonella, dearly beloved mother of Frank, Fred, Paul and Mabel Nonella, Mrs. Della Bassi, Mrs. Celesta Crivelli, Mrs. Evelyn Bionda, Mrs. Doris Stuermer, Mrs. Elinor Lammon, Mrs. Annie Montini and Mrs. Audrey Lowell; a native of Switzerland, aged 89 years. A member of Sonoma Chapter of the Gold Star Mothers of World War I.

Friends are invited to attend the funeral services Saturday, July 7th, at 10:45 a. m., from the chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of her soul commencing at 11 a. m. Interment, Mountain Cemetery, Sonoma.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
					By Payment		
				July 19, 1951	" "	937 20	
					" "		
					" "		
				July 9, 1951	" Opening	55	
July 9, 1951	" Abatement				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry July 6 1951

Name of Deceased Catherine Joost

SONOMA COUNTY HOSPITAL

PATIENTS CLOTHES LIST

ARTICLE	IN LOCKER	IN STAND	TO LAUNDRY	DESCRIPTION
Night-gown	1			Lavender
Blouse				
Bloomers	1			Pink
Brassiere				
Coat				
Dress & belt	1			long sleeves - blue print
Drawers				
Garters	1 pr			pink
Girdle	1			Pink
Gloves				
Hat				
Handerchiefs	2	2		white
Jacket				
Overcoat				
Panties				
Scarf	1			large multi-colored
Shoes		1 pr House slippers		black & blue
Shorts				
Shirt				
Skirt				
Slip	1 & 1			Pink jersey white
Socks				
Stockings	1 pr			brown
Sweater		1		black
Tie	~~1~~			~~[illegible]~~
Trousers				
Undervest				
Undershirt				
Unionsuit				
Vest				
Miscellaneous	Sanitary belt			Pink
	Bathrobe			Maroon

Dentures: Complete ______ Upper ✓ Lower ______ Partial ✓

Glasses Yes ✓ In Glass Case

Valuables Watch, wedding band, In Safe $21.00 With Patient ______

Checked in by M. Schofield. (Nurse or Attendant) Signed Catharina Joost. (Patient)

Transferred ______ (Nurse or Attendant) Received by ______ (Nurse or Attendant)

Transferred ______ (Nurse or Attendant) Received by ______ (Nurse or Attendant)

Checked out by ______ (Nurse or Attendant) Signed ______ (Patient)

Locker No. 7

Name Joost, Catherine Adm. ____ Date 6-14-51 Ward III

Received above from Bates & Evans
Mrs Frances Wentzel.

Form Nur-2-2 Patient's Clothes List

Aug 3, 1951 Filed with [illegible]

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.............. days from date. Interest to accrue from maturity at the rate of.............% per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry July 5. 1951

Name of Deceased Mary Julia Nonella ... W.

☐ Married ☐ Single ☒ Widowed ☐ Di...

Residence P.O. Box 15...

Charge to Miss M...

Address above

Order given by ....

How Secured ....

If Veteran, State War ... N...

Occupation at ho...

Employer and Address ....

Date of Death July...

Date of Birth Feb. 1...

Age 89 (Years)

Date of Funeral July 7... (Date)

Services at St. Fr...

Clergyman ....

Religion of the Deceased ...

Birthplace Switz...

Resided in the State .... (or U. S...)

Place of Death Hom...

Cause of Death ....

Contributory Causes ....

....

Certifying Physician Wm...

His Address Sonom...

Name of Father F...

His Birthplace Switz...

Maiden Name of Mother ....

Her Birthplace Switz...

Motor / Ship } Remains to ....

Size of Casket Metal ...

Manufactured by Sou...

Cemetery / ~~Crematory~~ } Mt. Cemetery...

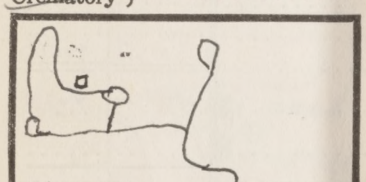

Diagram of Lot or Vault

Date

NONELLA—In El Verano, Calif., July 5, 1951, Mary Julia Nonella, dearly beloved mother of Frank, Fred, Paul and Mabel Nonella, Mrs. Della Bassi, Mrs. Celesta Crivelli, Mrs. Evelyn Bionda, Mrs. Doris Stuermer, Mrs. Elinor Lemmon, Mrs. Annie Montini and Mrs. Audrey Lowell; a native of Switzerland, aged 89 years. A member of Sonoma Chapter of the Gold Star Mothers of World War I.

Friends are invited to attend the funeral services Saturday, July 7th, at 10:45 a. m., from the chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of her soul commencing at 11 a. m. Interment, Mountain Cemetery, Sonoma.

July 9,	1951	" Statement	$		$		Aug.	10	1 " Opening	$		$	
		" "	$		$		Opening of Grave Omitted P.P.!		" "	$		$	

Insurance $............ Names of Lodges............ Insurance Companies............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed............

Witness............ Address............

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry ..... July 6 1951

...me of Deceased Catherine Joost

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

...dence P.O. Box 115 El Verano, Calif ☐Husband ☐Wife ☐Widow or ... of Age of Husband or Wife (if living) ...... Years

...ge to: American Trust Co.

...ess. Sonoma

...r given by ...... (or informant)

... Secured ......

...eteran, State War No.

...pation At home — No. (Social Security Number)

...loyer and Address ......

... of Death July 6, 1951 (Date) 11:30 P. (Hour)

... of Birth April 12, 1869

82 (Years) (Months) (Days)

... of Funeral July 10, (Date) Tue (Day of Week) 2 P. M. (Hour)

...ices at Chapel

...gyman H. P. Witt El Verano (Address)

...ion of the Deceased Christian Science

...place Switzerland

...ded in the State (or U. S. or City or County) (Years) (Months)

... of Death Sonoma Co. Hospital

... of Death Uremia, Nephrosclerosis

...ributory Causes. Generalized Arteriosclerosis

...fying Physician James Luke M.D. (or Coroner)

...Address Sonoma Co. Hospital

... of Father ......

...Birthplace ......

...en Name of Mother ......

...Birthplace ......

...} Remains to ......

...of Casket Grey i.c. (State Color and Number)

...ufactured by S. F. Casket Co.

...ery / ...atory } Mt. Cem. Sonoma

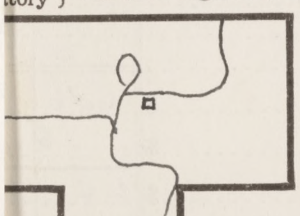

Diagram of Lot or Vault

Lot No. ......
Grave No. ......
Section No. ......
Block No. ......
Owner ......

Item	$	¢
Complete Funeral (except outlays) $	308	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		154 / 15 / 169 / 163 / 5.07
Dressing Body, $ ...... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ...... Hose, $		
Folding Chairs, $ ...... Tarpaulin, $		
Candelabrum, $ ...... Candles, $		
Door Spray, $ ...... Gloves, $		
Funeral Car, $ ...... Ambulance, $		
Limousines to Cemetery ...... @ $		
Extra Limousines ...... @ $		
Autos to R. R. Station ...... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	45	00
Lining Grave, $ ...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ...... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Science Reader	10	00
Music (Dunbar, Marcucci)	10	—
.... line Death Notices in .... Papers		
Examiner (Names of Newspapers)	4	95
Index Tribune	3	61
	5	07
Sales Tax		
Total Footing of Bill $	406	63
Less 16.15 — 30 day Flowers $	15	—
Balance $	421	63
Entered into Ledger, page ...... or below.		

Date		Amount Paid	Balance
6/3	No. 9389 Cov. 379		
	...ION: Stephen of Sunray		
	M B & Bp		
	362-3x0- Hdls	$	$
		$	$
		$	$
Aug 3, 1951	" Filed with. G.R.G.	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Oct. 12, 1951	" " (J. Joost)	$ 421 63	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ...... Names of Lodges ...... Insurance Companies ......

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of ...... % per annum.

Signed ......

Witness ...... Address ......

38

RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry July 16 1951

Name of Deceased Lucy Ittner W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 371 Sonoma Vista ☐Husband ☐Wife ☐Widow of George Edward

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Ruth Tink

Address Abode

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death July 16, 1951 (Date) 10 P.M. (Hour)

Date of Birth Jan. 8, 1871

Age 80 (Years) (Months) (Days)

Date of Funeral July 19 (Date) Thurs. (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician W. H. Price M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John W. Kernat

His Birthplace Ireland

Maiden Name of Mother Margaret Gardner

Her Birthplace Pennsylvania

Motor Ship } Remains to

Size of Casket Grey 2 C (State Color and Number)

Manufactured by

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		15 4
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		1 63
Door Spray, $ ..... Gloves, $		7
Funeral Car, $ ..... Ambulance, $		50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2-double Graves @ 110.00	220	-
Cremation ... one single	65	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service .... Mass	15	00
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)	3	61
Sales Tax	5	07
Total Footing of Bill	$ 656	68
Less 16. 15- 30 days	$ 16	15
Balance	$ 640	53

Entered into Ledger, page ..... or below.

SIZE 6/3 NO. 9389 COV 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 25	" " July	$ 640 53	$
	" "	$	$
	" "	$	$
	" " By Ruth Tink	$	$
	" " Mrs	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry. Found July 19 1951

Name of Deceased. Angelo Casanova

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence. Spain St. Sonoma ☐Husband ☐Wife ☐Widow } ..... or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Silvershield

Address. Santa Rosa Coroner

TELEPHONE 2686

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

Received of Bates & Evans, the following articles, belonging to - Angelo Casanova, deceased,
Cask 663.19
500 Shares American Foreign Power
Pacific Lighting - 200 Shares
Bank of America 254 Shares.
Trans-America 599 Shares
2 U.S. Gov. Bonds. $1000 - $2000

Signed Vernon Silvershield
Public Administrator

Complete Funeral (except outlays)	$	821	-
Casket			
Railroad or Motor Tickets, $	Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Casket Spray		25	00
Mass		15	00
line Death Notices in Papers			
No notices (Names of Newspapers)			
Sales Tax		12	77
Total Footing of Bill	$	953	77
Less 41.80 - 30 days	$	41	80
Balance	$	911	97

His Birthplace.....
Maiden Name of Mother.....
Her Birthplace.....
Motor Ship } Remains to.....
Size of Casket. 6/6 Sealer (State Color and Number)
Manufactured by. S.F.
Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Entered into Ledger, page.....or below.

SIZE 6/6 No. Groton H.P. Sealer COV. Heather

DESCRIPTION:
Baron Panel & Pillow
Full lined Eggshell Primrose Satin

HANDLES: Eggshell Sunray B & B

Date							Amount Paid		Balance	
						To Balance Forward			$	
						By Payment	$		$	
						" "	$		$	
						" "	$		$	
Aug 3, 1951		Filed with Silvershield & R.P.		$	$	Aug 1, 1951	$		$	
						" "	$		$	
		"	"	$	$	" "	$		$	
		"	"	$	$	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

38

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 16 1951

Name of Deceased Lucy Ittner W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1. Box 371 - Sonoma Vista ☐Husband ☐Wife ☐Widow } George Edward

Charge to Mrs. Ruth Funk or.....of } Age of Husband or Wife (if living).....Years

Address Abode

Order given by

How Secured

If Veteran, State War

Occupation At. H

Employer and Addres

Date of Death July

Date of Birth Jan

Age 80 (Years)

Date of Funeral Jul (Date)

Services at St. J

Clergyman

Religion of the Deceas

Birthplace Pen

Resided in the State

Place of Death Ho

Cause of Death

Contributory Causes

Certifying Physician

His Address San

Name of Father Jo

His Birthplace Ge

Maiden Name of Mother Margaret Gardner

Her Birthplace Pennsylvania

Motor / Ship } Remains to

Size of Casket Grey ½ C. (State Color and Number)

Manufactured by S T

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 308	-
Casket		
Railroad or Motor } Tickets, $	Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
line Death Notices in Papers		
Index-Tribune (Names of Newspapers)	3	61
Sales Tax	5	07
Total Footing of Bill	$ 656	68
Less 16.15 - 30 days	$ 16	15 -
Balance	$ 640	53

Entered into Ledger, page.....or below.

SIZE 6/3 No. 9389 Cov 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
July 21	" " July	640 53	
	" "		
	" " By		
	" " Ruth Funk		
	" " Mrs		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found July 19 1951

Name of Deceased Angelo Casanova

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Spain St. Sonoma ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Silvershield

Address Santa Rosa Coroner

Order given by Above (or informant)

How Secured

If Veteran, State War Unk

Occupation Laborer (Social Security Number)

Employer and Address Self

Date of Death Found July 19, 1951 (Date) (Hour)

Date of Birth Sept. 5, 1887

Age 63 (Years) 10 (Months) (Days)

Date of Funeral July 22 (Date) Friday (Day of Week) 9:30 A.M. (Hour)

Services at St. Frances

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial infarction

Contributory Causes Arteriosclerosis

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father Unk

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket 6/6 Sealer (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Catholic cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 82 1.	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		41 50
Dressing Body, $..... Underwear, $		15
Suit or Dress (State Kind and Color)		42 50 3
Slippers, $..... Hose, $		6 50
Folding Chairs, $..... Tarpaulin, $		12 1
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot ..... 1 Grave	35	00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	30	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Casket Spray	25	00
Mass	15	00
....line Death Notices in .....Papers		
No notices (Names of Newspapers)		
Sales Tax	12	77
Total Footing of Bill ..... $	953	77
Less 41.80 - 30 days ..... $	41	80
Balance ..... $	911	97

Entered into Ledger, page.....or below.

SIZE 6/6 No. Groton H.P. Sealer Cov. Heather

DESCRIPTION: Baron Panel & Pillow
Full lined Eggshell Primrose Satin

HANDLES: Eggshell Sunray B & B

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
	" "	$		$	
Aug 1, 1951	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Aug 3, 1951 Filed With Silvershield & Kelly

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

40

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 19 ..... 19 51

Name of Deceased Samuel Lester Agnew. W

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Fetters Ave. Sunset Way. Boyes Springs ☐Husband ☐Wife ☐Widow } Dorothy B.

Charge to Mrs. Dorothy Agnew. or ..... of } Age of Husband or Wife (if living) ..... Years

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Civil Engineer 253-12-6412 (Social Security Number)

Employer and Address .....

Date of Death July 19, 1951 (Date) 6:10 P. (Hour)

Date of Birth April 12, 1888

Age 63 (Years) 3 (Months) 7 (Days)

Date of Funeral July 21 (Date) Sat (Day of Week) 11 A. M. (Hour)

Services at Chapel -

Clergyman Rev. Lupsky Boyes Springs (Address)

Religion of the Deceased Prod. -

Birthplace Farmington, Missouri

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr. Michael M. Mikita (or Coroner)

His Address Boyes Springs, Calif.

Name of Father Allen Agnew

His Birthplace Illinois

Maiden Name of Mother Mattie Pipkin

Her Birthplace Missouri

Motor Ship } Remains to .....

Size of Casket 95 H. Grey Doe (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	323	-
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		16 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		4 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Lupsky	10	-
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	4	85
Total Footing of Bill ..... $	382	85
Less 16.15 - 30 days ..... $	16	15
Balance ..... $	366	70

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
July 23, 1951	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 26, 1951	By Payment	$ 366 70	$
	" "	$	$		" Insurance	$	$
	" "	$	$		" Dorothy Agnew	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 21 19 51

Name of Deceased Florence G. Murphy W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Patton St. Sonoma ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to: Walter Murphy

Address. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Teacher No. (Social Security Number)

Employer and Address.....

Date of Death July 21, 1951 (Date) 11:40 P (Hour)

Date of Birth June 1, 1874

Age 77 (Years) 1 (Months) 20 (Days)

Date of Funeral July 24 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Joseph A. Murphy

His Birthplace Indiana

Maiden Name of Mother Mary E. Lewis

Her Birthplace Illinois

Motor / Ship } Remains to.....

Size of Casket Soft Plush, Cedar Rose (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 365	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.....Hose, $		18 25 / 3 / 5 47 50
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Buttrum		10 -
Organ: Dan Ruggles		5 00
line Death Notices in.....Papers		
Police Index Tribune (No chg)		-
(Names of Newspapers)		
Democrat		4 00
Examiner		5 60
Sales Tax		5 47
Total Footing of Bill	$	440 57
Less 18.25 30 days 1 c/c	$	1 00
Balance	$	441 57

Entered into Ledger, page.....or below.

MURPHY—In Sonoma, Calif., July 21, 1951, Florence G. Murphy, daughter of the late Joseph A. and Mary E. Murphy, beloved sister of Walter Murphy of Sonoma and Ralph Murphy of San Rafael, adored aunt of Richard, Everett and Leonard Murphy of San Rafael and Frances Murphy of Santa Rosa; a native of Illinois, aged 77 years.
Friends are invited to attend the funeral services Tuesday, July 24th, at 2 p. m. from the Chapel of Bates and Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

			Amount Paid		Balance		Date		Amount Paid		Balance	
ice					$			To Balance Forward			$	
			$		$			By Payment	$		$	
			$		$			" " in full	422	32	$	
			$		$		Aug 17 '51	" "			$	
aug 8, 1951		statement	$		$			" "			$	
		" "	$		$			" "			$	
		" "	$		$			" "			$	
		" "	$		$			" "			$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry July 22 1951

Name of Deceased Josephine Mairani W. (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Box 485 Sonoma ☐Husband ☐Wife ☐Widow or .... of } John Age of Husband or Wife (if living)........ Years

Charge to Mary Franquelin (daughter)

Address 2401 Pacific St. Napa, Cal.

Order given by above (or informant)

How Secured

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death July 22 1951 (Date) 6:15 P. (Hour)

Date of Birth August 22, 1866

Age 84 (Years) 11 (Months) 0 (Days)

Date of Funeral July 25 (Date) Wed (Day of Week) 9:30 a.M. (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerotic Ht. disease - Gen. Arteriosclerosis

Certifying Physician James Luke M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Charlie Bottarini

His Birthplace Italy

Maiden Name of Mother Adelaide Bottarini

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket ~~6.3~~ ~~Grey~~ ~~...~~ (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / ~~Crematory~~ Tulocay Cem. Napa, Calif.

Diagram of Lot or Vault

Lot No........ Grave No........ Section No........ Block No........ Owner........

Item	$	¢
Complete Funeral (except outlays)	$323	–
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $........ Hair Dressing, $........		
Dressing Body, $........ Underwear, $........		
~~Suit or~~ Dress 16.50 24.50 (State Kind and Color)	17	00
Slippers, $........ Hose, $........		
Folding Chairs, $........ Tarpaulin, $........		
Candelabrum, $........ Candles, $........		
Door Spray, $........ Gloves, $........		
Funeral Car, $........ Ambulance, $........		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax .... $		
Outlay for Lot Tulocay Cemetery	75	75
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $........ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town ~~Undertaker's Charges~~		
Personal Service Mass	15	–
....line Death Notices in ...... Papers Posted Index	3	61
(Names of Newspapers) Examiner - 2 days	15	20
Sales Tax	4	85
Total Footing of Bill .... $	454	41
Less 16.15 - 30 days	16	15
Balance .... $	438	26

Entered into Ledger, page ...... or below.

Margin: 16.50 / 16.50 / 1.00 / 17.83 / 5.34

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
Aug 3, 1951		~~Statement~~ To Above Balance						To Balance Forward			$	
			$		$			By Payment	$		$	
			$		$		Aug 24, 1951	" In full	$		$	
			$		$			Ck By Mrs V E McQuown	$		$	
			$		$			" 186 Jersey St SF -	$		$	
			$		$			" " Niece	$		$	

MAIRANI—In Santa Rosa, Calif., July 22, 1951, Josephine Mairani, wife of the late John Mairani, beloved mother of Mrs. Mary Franquelin of Napa, Calif., loving sister of Mrs. Virginia Bottarini of San Francisco, adored grandmother of Private 1st class Armand J. Franquelin, U. S. Air Force; a native of Italy, aged 84 years.

Friends are invited to attend the funeral services Wednesday, July 25, at 9:15 a. m. from the Chapel of Bates and Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Tulocay Cemetery, Napa. Rosary will be recited Tuesday evening at 8 o'clock.

SIZE 6/3 NO. 9389 COV. 378

DESCRIPTION: Stephen of Sunray

M B & Bp

HANDLES: 362-3x0-

Insurance Companies

...cient resources Legally available to .... (Firm Name of Funeral Directors.)

...ay the same within .... days from date. Interest to accrue from

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 23 1951

Name of Deceased Arthur J. Marehouse W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Drive El Verano ☐Husband ☐Wife ☐Widow of Liddie

Charge to Mrs. Liddie Marehouse Age of Husband or Wife (if living).....Years

Address Rt. 1. Box 461 A. Sonoma

Order given by Call. Gloria Peterson (or informant) Tel. 3592

How Secured

If Veteran, State War World War I

Occupation Pipe fitter No. (Social Security Number)

Employer and Address Mare Island

Date of Death July 23, 1951 (Date) 11:029 (Hour)

Date of Birth May 5, 1894

Age 57 (Years) 2 (Months) 17 (Days)

Date of Funeral July 25 Wed (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Barley Lipsky (Address)

Religion of the Deceased Prot.

Birthplace Illinois

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Leslie Charles Marehouse

His Birthplace

Maiden Name of Mother Ella Mae Chapman

Her Birthplace

Motor / Ship } Remains to

Size of Casket 5560 Grey Arm (State Color and Number)

Manufactured by L. F.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	215 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		10750
Slippers, $ ..... Hose, $ (State Kind and Color)		3
Folding Chairs, $ ..... Tarpaulin, $		3.25
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Lipsky		10 -
Organ (Mareneee) Singers - Dunbar		10 -
...line Death Notices in ... Papers		
(Names of Newspapers) Posted		3.61
Sales Tax		3.23
Total Footing of Bill	$	287 34
Less 10.75 - 30 days	$	
Balance	$	10 75
Entered into Ledger, page .....or below.		276.59

Casket No. 9560

Size 6/3 57.

Covering Gray Amer

Description Lined Rego 838- Hdle

Amount Paid		Balance		Date		Amount Paid		Balance	
		$			To Balance Forward			$	
$		$			By Payment	$		$	
$		$			" "	$		$	
$		$		Aug 13, 1951	" " Ins	$ 276	59	$	
$		$			" "	$		$	
$		$			" " Gov'ment ck	$ 150		$	
				Oct 3, 1951	" "	$		$	
					" "	$		$	

my ck #4046 for 150 Given Mrs Marehouse

Insurance Companies Overpayment of funeral acct.

sufficient resources Legally available to

(Firm Name of Funeral Directors.)

y the same within ..... days from date. Interest to accrue from

Signed

Address

FEINEMAN, St. Louis, Mo.

Rec'd Discharge Papers July 28, 51 from Bates & Evans. Liddie Marehouse

July 31, 1951 Filed with Gov'ment.

44

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 24 1951

Name of Deceased Lillian M. Walker W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: P.O. Bx 133 El Verano ☐Husband ☐Wife ☐Widow } Williams

Charge to Mrs. Dona V. C. Tasker or.....of } Age of Husband or Wife (if living).....Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Nurse No. (Social Security Number)

Employer and Address

Date of Death July 24 1951 2:48 P. (Date) (Hour)

Date of Birth Nov. 14, 1872

Age 79 (Years) (Months) (Days)

Graveside Date of Funeral July 27 Fri. 2 P. M. (Date) (Day of Week) (Hour)

I.O.O.F. Services at Am. Legion Hall, Sonoma, Calif.

Clergyman (Address)

Religion of the Deceased Prod.

Birthplace Long Valley, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician W. H. Price M.D. (or Coroner)

His Address Sonoma

Name of Father Thomas Duncan Smith

His Birthplace Indiana

Maiden Name of Mother Anna DeLeva

Her Birthplace South America

Motor ~~Ship~~ } Remains to Laytonville Calif.

Size of Casket Cedar Rose (State Color and ~~Number~~)

Manufactured by Golden State

Cemetery Crematory } I.O.O.F. Laytonville, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 365	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		18 50
Slippers, $ ... Hose, $		3
Folding Chairs, $ ... Tarpaulin, $		5 47 50
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to Laytonville	40	-
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Casket Spray	10	-
...cline Death Notices in ... Papers		
Ukiah News (Names of Newspapers)		
Sales Tax	5	48
Total Footing of Bill	$ 420	48
Less 1 & 2 5% 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
aug 8, 1951	To Above Balance		$		To Balance Forward		$
June 6/52	By Payment	$ 20 -	$ 400 48		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 26 19 51

Name of Deceased Anna Narrbom W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: R.F.D. Box 489 - Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Ferdinand

Charge to: Allan Narrbom or.....of } Age of Husband or Wife (if living).....Years

Address R.F.D. Box 489 - Sonoma, Calif.

Order given by Above - (or informant)

How Secured:

If Veteran, State War No.

Occupation At Home no. (Social Security Number)

Employer and Address

Date of Death July 26, 1951 (Date) 6 a.m. (Hour)

Date of Birth Feb. 23, 1890

Age 61 (Years) 5 (Months) 3 (Days)

Date of Funeral July 28 (Date) Sat. (Day of Week) 9:30 a.m. (Hour)

Services at St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace El Verano, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Salastre

His Birthplace France

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket Orchid - C. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

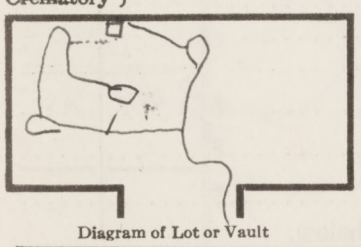

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	464	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		232
Folding Chairs, $ ... Tarpaulin, $		15
Candelabrum, $ ... Candles, $		243
Door Spray, $ ... Gloves, $		41
Funeral Car, $ ... Ambulance, $		7.
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	55	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
:		
...line Death Notices in ... Papers		
Indep. Tribune (Names of Newspapers)	1	50
Posted, Local	3	61
Democrat	4	20
Sales Tax	7	41
Total Footing of Bill	570	52
Less Courtesy Disc.	47	90
Balance	522	62

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 30, 51	By Payment In full	$ 522 62	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

46

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 27 1951

Name of Deceased Joseph D. Buckingham

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Box 441 B Sonoma ☐Husband ☐Wife ☐Widow

Charge to Mrs. Minnie May Buckingham or.....of Age of Husband or Wife (if living).....Years

Address above –

Order given by..... (or informant)

How Secured:.....

If Veteran, State War World War I

Occupation At home 713-16-8440 (Social Security Number)

Employer and Address.....

Date of Death July 27, 1951 (Date) (Hour)

Date of Birth May 3, 1891

Age 60 (Years) (Months) (Days)

Date of Funeral Aug 1 (Date) Wed (Day of Week) 1:30 P.M. (Hour)

Services at: Chapel

Clergyman:..... (Address)

Religion of the Deceased Prod.

Birthplace Cambridge, Ohio

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Marine Hospital S.F.

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address San Francisco –

Name of Father Joseph D. Buckingham

His Birthplace Washington, Penn.

Maiden Name of Mother Mary L. Todd

Her Birthplace: unknown

Motor/Ship Remains to.....

Size of Casket 95 H. Grey Vace (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery/Crematory Mount Tamalapais, San Rafael –

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	323	00
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			16 50
Dressing Body, $..... Underwear, $			3
Suit or Dress (State Kind and Color)			4 84 50
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from: S.F.			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $.... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $.... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $.... Organist, $			
Railroad/Motor Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Rev. Lipsky		10	00
Dunbar Ruffales		10	00
....line Death Notices in.....Papers			
.....no notices – (Names of Newspapers)			
Sales Tax		4	85
Total Footing of Bill	$	347	85
Less	$		
Balance	$		
Entered into Ledger, page.....or below.			

Date		Amount Paid	Balance
Aug 1, 1951	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$ 50 –	$
July 30, 1954	" " Mrs B.	$	$
	" "	$ 185 –	$
Sept 7, 1954	" " Government	$	$
Oct 16	" "	$ 112 85	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

47

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 30 ..... 19 51

Name of Deceased Eliza Ammann ..... W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Grove & Olive St. El Verano, Caly ☐Husband ☐Wife ☐Widow of John

Charge to: Herbert Ammann

Address P.O. Box 133 Sonoma

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address .....

Date of Death July 30, 1951 7:30 P. (Date) (Hour)

Date of Birth May 30, 1873

Age 78 (Years) 2 (Months) 0 (Days)

Date of Funeral Aug 1 (Date) Wed (Day of Week) 10.9 (Hour) A.M.

Services at Chapel -

Clergyman Rev. Loken - Glen Ellen (Address)

Religion of the Deceased Prod. -

Birthplace Switzerland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr. Grant Fletcher (or Coroner)

His Address Sonoma, Caly -

Name of Father ? Kurtz

His Birthplace Switzerland

Maiden Name of Mother ?

Her Birthplace Switzerland

Motor Ship } Remains to .....

Size of Casket 6.3.89- Cov 379- (State Color and Number)

Manufactured by S.F. Casket Co -

Cemetery Crematory } Mt. Cem. Sonoma

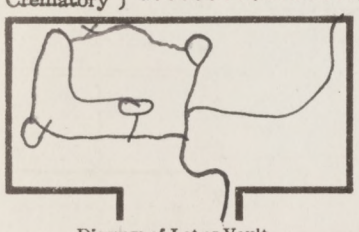

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17 — Lot 51 (State Kind and Color)		17 51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		15 4
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		17
Extra Limousines ..... @ $		18 6
Autos to R. R. Station ..... @ $		3
Getting Remains from		5 58
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ~~X~~ ..... Palms, $ ..... Matting, $		15 —
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		45 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Loken		10 00
Organ — Marcucci		5 00
... line Death Notices in ..... Papers		
Local notice		3 61
(Names of Newspapers)		
Press Democrat		4 00
Sales Tax		5 07
Total Footing of Bill	$	433 19
Less 16.15- 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

SIZE 6/3 No. 9389 Cov. 379

DESCRIPTION: Stephen of Sunray M B & Bp

HANDLES: 362-3x0- Hdls

Balance	Date		Amount Paid	Balance
		To Balance Forward		$
$	Jan 9, 52	By Payment	$	$
$		" In full	$ 433 19	$
$		" "	$	$
$		" "	$	$
$		" "	$	$
$		" "	$	$

Aug 7, 1951 Filed with Sunstead

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

48

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 31 1951

Name of Deceased John Joseph Laus

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 - Sonoma

☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living).....Years

Charge to: Estate Silvershield P. O.

Address.....

Order given by Silvershield (or informant)

How Secured:.....

If Veteran, State War None

Occupation Auto Mechanic Ret. (Social Security Number)

Employer and Address.....

Date of Death July 31, 1951 (Date) 12:20 P. (Hour)

Date of Birth Oct. 19, 1868

Age 82 (Years) 9 (Months) 12 (Days)

Date of Funeral.....M. (Date) (Day of Week) (Hour)

Services at: Chapel -

Clergyman:..... (Address)

Religion of the Deceased Prod. -

Birthplace Calumet Co, Wisconsin

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Arteriosclerotic Vascular disease

Certifying Physician John Lopez M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father John Joseph Laus

His Birthplace Germany

Maiden Name of Mother Katharina Lauhr

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by: Sutter Casket Co

Cemetery Crematory } Mt. Cem. Sonoma

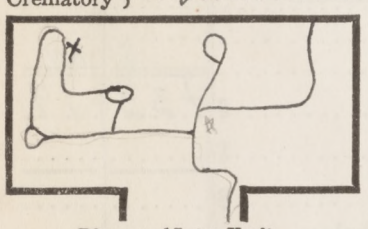

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 383	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		19.50 15
Slippers, $ ... Hose, $		2.00 3
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		6.1950
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		6.
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $	15	-
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	45	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Ferrell	10	-
Music - Maracco - Dunbar	10	-
... line Death Notices in ... Papers		
Local Notice (Names of Newspapers)	3.	61
Sales Tax	6.	28
Total Footing of Bill	$ 492	81
Less 19.90 - 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
Grave on West side of Main Plot South of Lakes	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
Sept 3 1951	" " full	$ 492 81	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

8-21-51 Filed with O.P.I.,

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... August 2 ...19..57

Name of Deceased... Annie Perkins ... W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Central + Calle del Monte - Boyes Spgs ☐Husband ☐Wife ☐Widow } Henry J.

Charge to Mrs. Vivienne Fredrickson or.....of } Age of Husband or Wife (if living).....Years

Address P.O. Box 151 Sonoma Mail Bill

Order given by... above (or informant)

How Secured: :

If Veteran, State War No.

Occupation Housewife Ret (Social Security Number)

Employer and Address

Date of Death August 2, 1957 2:40 A (Date) (Hour)

Date of Birth March 28, 1951

Age 81 (Years) 4 (Months) 4 (Days)

Date of Funeral Aug. 4 (Date) Sat. (Day of Week) 10.9 (Hour) M.

Services at: Chapel

Clergyman Rev. Bailey Lupsky (Address)

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Thos. G. J. Carr

His Birthplace Canada

Maiden Name of Mother Hannah Burby

Her Birthplace Canada

Motor / Ship } Remains to

Size of Casket 95 H. Grey Vale (State Color and Number)

Manufactured by Golden Gate Co Co

Cemetery / Crematory } Mt. Olivet Sonoma

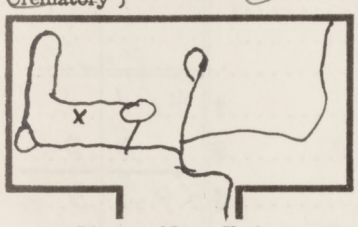

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box ... Steele (State Kind)		175 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		154
Slippers, $..... Hose, $		175
Folding Chairs, $..... Tarpaulin, $		3.29
Candelabrum, $..... Candles, $		3.23
Door Spray, $..... Gloves, $		9.87
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Lupsky		10 —
Musician + Brenbar-Marcucci		10 —
....line Death Notices in ..... Papers		
Local Paper (Names of Newspapers)		1 50
Sales Tax		9 87
Total Footing of Bill	$	569 37
Less 24.15 - 30 days	$	24 15
Balance	$	545 22

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
Aug 8, 1957	Statement to		
	To Above Balance	$	$
	By Payment Fredrickson	$	$
	" "	$	$
Aug. 18, 1957	" full	$ 545 22	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

50

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 5 1951

Name of Deceased Addie J. Erickson

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W

Residence 5th St. West Sonoma ☐Husband ☐Wife ☐Widow of John L.

Charge to: Clifford Erickson

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address.....

Date of Death Aug 5, 1951 (Date) 10:30 A. (Hour)

Date of Birth Nov 7, 1870

Age 80 (Years) 8 (Months) 28 (Days)

Date of Funeral Aug 8 (Date) Wed (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman: Rev. Ferrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace Minnesota

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Robert L. Wallenhauer (or Coroner)

His Address Sonoma, Calif.

Name of Father John A. Newman

His Birthplace Sweden

Maiden Name of Mother Caroline Burtman

Her Birthplace: Sweden

Motor Ship } Remains to.....

Size of Casket Cedar Rose ½ C. (State Color and Number)

Manufactured by Golden State & Co.

Cemetery Crematory } Mt. Cem. Sonoma, Calif.

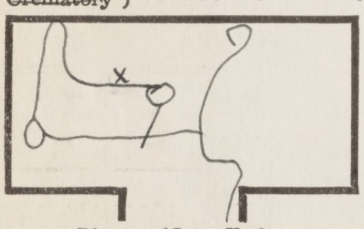

Diagram of Lot or Vault

Lot No. 6

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 350	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 17 - 24 ST (State Kind and Color)	17	51
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		175
Funeral Car, $..... Ambulance, $		15
Limousines to Cemetery ..... @ $		17
Extra Limousines ..... @ $		407 3
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		621
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	45	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Ferrell	10	-
Music - Dunbar Marsocco	10	-
....line Death Notices in..... Papers		
Local - Posted (Names of Newspapers)	3	61
Sales Tax	5	70
Total Footing of Bill	$ 461	82
Less 18.25 - 30 days'	$ 18	25 -
Balance	$ 443	57

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
8-21-51	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Aug 30, 1951	" " full	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 6 19 51

Name of Deceased Timothy Frances Brassill - W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt. 1. Box 520A Sonoma, Calif. ☐Husband ☐Wife ☐Widow of ..... Nellie

Charge to: Mrs. Nellie Brassill -

Address: Above

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No. X547-01-0473

Occupation Warehouse Foreman (Social Security Number)

Employer and Address .....

Date of Death August 6, 1951 - 10:05 A. (Date) (Hour)

Age of Husband or Wife (if living) ..... Years

Complete Funeral (except outlays)	$	821 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt, Tie & Sox (State Kind and Color)		6 13
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Gloves, $		4 10 50
...bulance, $		15
....@ $		5 95
....@ $		43 1 45 3
....@ $		
		12 9 43 5
...tate Number and District)		
...ertificates No.		
...e Physician's or Coroner's)		
...Use of Chapel, $		
...	$	
...le Plot ...improved		120 00
...		
....Matting, $		
...mporary Vault, $		
...b		20 00
...vering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges direct		
Cash Advanced Pay to Priest 35 00		
Out of town Undertaker's Charges		
Personal Service: Hi Mass Requiem		
....line Death Notices in ..... Papers (Names of Newspapers) Examiner 2 days		13 60
Sales Tax		12 77
Total Footing of Bill	$	1088 50
Less 411 80	$	41 88
Balance	$	976 70

Entered into Ledger, page ..... or below.

Name of Father Harry J. Brassill

His Birthplace Ireland

Maiden Name of Mother Johanna Thornton

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket Metal Sealer - Silver (State Color and Number)

Manufactured by S.F. Casket Co. -

Cemetery Crematory } Catholic Cem. Sonoma Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

SIZE 6/6 No. Groton HP Sealer Cov. Ant. Silver

DESCRIPTION: Nickel panel & Pillow lined White Empire all way SRB&HPZ

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Balance Forward				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "			Aug 11 '51	" " full	976 70	
	" "				" "		
	" "				" "		
	" "				" "		

BRASSILL—In Sonoma, Calif., August 6, 1951, Timothy Francis Brassill, dearly beloved husband of Mrs. Nellie Brassill of Sonoma, loving brother of Harry J. Brassill of San Francisco and Mrs. Catherine Watson of London, England; a native of Ireland, aged 74 years.

Friends are invited to attend the funeral services Wednesday, August 8, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem High Mass will be celebrated for the repose of his soul, commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Tuesday evening at 8 o'clock.

Names of Lodges ..... Insurance Companies .....

...bove Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

...esaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

50

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 5 1951

Name of Deceased Addie J. Erickson

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W

Residence 5th St. West Sonoma ☐Husband ☐Wife ☐Widow of John L.

Charge to: Clifford Erickson Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address.....

Date of Death Aug 5, 1951 (Date) 10:30 A. (Hour)

Date of Birth Nov 7, 1870

Age 80 (Years) 8 (Months) 28 (Days)

Date of Funeral Aug 8 (Date) Wed (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman: Rev Terrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace Minnesota

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Robert L. Wallenhauer (or Coroner)

His Address Sonoma, Calif.

Name of Father John A. Newman

His Birthplace Sweden

Maiden Name of Mother Caroline Burtman

Her Birthplace: Sweden

Motor / Ship } Remains to.....

Size of Casket Cedar Rose ½ C. (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Mt. Mem. Sonoma, Calif

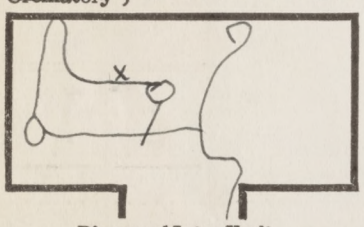

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 35	00
Casket		
Burial Vault or Box (State Kind)	14	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17.- Lyons (State Kind and Color)	17	50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery		
Extra Limo		
Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev Terrell	10	-
Music - Dunbar Marcucci	10	-
....line Death Notices in ..... Papers		
Local - Posted (Names of Newspapers)	3	61
Sales Tax	5	70
Total Footing of Bill	$ 46	82
Less 10% 25- 30 days	$ 1	25-
Balance	$ 44	57

Entered into Ledger, page.....or below.

HOTZ'S

SPECIALIZING IN —

LADIES' READY-TO-WEAR
LINGERIE
HOSIERY
MILLINERY
NOVELTIES

MEN'S FURNISHINGS
CLOTHING
SHIRTS
UNDERWEAR
HATS
TIES

If your Purchase is in any way Unsatisfactory Please Report the Same as all Errors will be Cheerfully Rectified.

MOORE BUSINESS FORMS, INC., PACIFIC DIV., EMERYVILLE, CALIF.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
8-21-51	Statement To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$		Aug 30, 1951	" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 6 19 51

Name of Deceased Timothy Frances Brassill - W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Box 520A Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Nellie

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Nellie Brassill -

Address ..... Above

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No.

Occupation Warehouse Foreman X 547-01-0473 (Social Security Number)

Employer and Address .....

Date of Death August 6, 1951 (Date) 10:05 A. (Hour)

Date of Birth Feb 20, 1877 -

Age 74 (Years) 5 (Months) 16 (Days)

Date of Funeral Aug. 8 (Date) Wed (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman: Priest Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Ireland - Tralee Co. Kerry -

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death Acute Coronary Occlusion

Contributory Causes Hypertensive Cardio-vascular disease - Arteriosclerosis

Certifying Physician Grant Fletcher M.D. (or Coroner)

Address Sonoma, Calif.

Name of Father Harry Brassill

His Birthplace Ireland -

Maiden Name of Mother Johanna Thornton

Her Birthplace Ireland -

Motor / Ship } Remains to .....

Size of Casket Metal Sealer - Silver (State Color and Number)

Manufactured by S.F. Casket Co. -

Cemetery / Crematory } Catholic Cem. Sonoma Calif

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 82	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt Tie & Sox (State Kind and Color)	6	13
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		4 10 50
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		5 95
Extra Limousines ..... @ $		43 1 45 3
Autos to R. R. Station ..... @ $		
Getting Remains from		12 9 43 5
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Double Plot Improved	120	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	30	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges direct		
Cash Advanced Pay to Priest 35 00		
Out of town Undertaker's Charges		
Personal Service Hi Mass Requiem		
....line Death Notices in ..... Papers		
Examiner 2 days (Names of Newspapers)	13	60
Sales Tax	12	77
Total Footing of Bill	$ 1008	50
Less 41.80	$ 41	80
Balance	$ 966	70

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$		" "	$	$
		$	$	Aug 11, 1951	" " full	$ 966 70	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$

SIZE 6/6 No. Groton HP Sealer Cov. Ant. Silver

DESCRIPTION: Nickel panel & Pillow lined White Empire all way SRB&HPZ

BRASSILL—In Sonoma, Calif., August 6, 1951, Timothy Francis Brassill, dearly beloved husband of Mrs. Nellie Brassill of Sonoma, loving brother of Harry J. Brassill of San Francisco and Mrs. Catherine Watson of London, England; a native of Ireland, aged 74 years.

Friends are invited to attend the funeral services Wednesday, August 8, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem High Mass will be celebrated for the repose of his soul, commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Tuesday evening at 8 o'clock.

Names of Lodges .....

Insurance Companies .....

bove Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

esaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

HOTZ'S

52

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 7 1951

Name of Deceased Charlotte Olivia Wilson W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: 1st West Sonoma, Calif. ☐Husband ☐Wife ☐Widow of Beryl C.

Charge to: Beryl C. Wilson or..... of } Age of Husband or Wife (if living).....Years

Address. Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address .....

Date of Death Aug. 7, 1951 (Date) 2:10 P. (Hour)

Date of Birth March 5, 1892

Age 59 (Years) 5 (Months) 2 (Days)

Date of Funeral Aug 9 (Date) Thurs (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Rev. St. Geo. Buttrum (Address)

Religion of the Deceased Prod.

Birthplace Florence, Kansas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrewson M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father J. D. Monken

His Birthplace Germany

Maiden Name of Mother Olivia Tuttle

Her Birthplace Iowa

Motor / Ship } Remains to.....

Size of Casket Orchid ½ c. (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery / Crematory } Mt. Clem. Sonoma

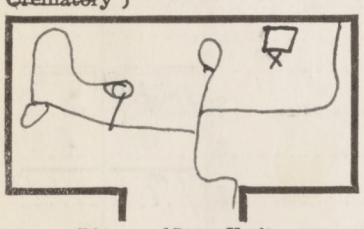

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	464	
Casket			
Burial Vault or Box (State Kind)		15	-
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $ oo Underwear, $			
~~Suit~~ or Dress 15 Lot 45 (State Kind and Color)		15	45
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			2 3 7
Candelabrum, $..... Candles, $			15 15
Door Spray, $..... Gloves, $			2 6 3
Funeral Car, $..... Ambulance, $			2 8 6
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from:			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to Casket Spray		25	75
Deliver Flowers to Lot			
Removal Charges			
Procuring Burial Permit (State Number and District)		5	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $.... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot 2 Posts for 2 graves		5	00
Cremation			
Flowers, $..... Palms, $ ..... Matting, $			
Rental of Tent, $.... of Temporary Vault, $			
Opening of Grave or Tomb		55	00
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $.... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Rev. Buttrum		10	-
Music - Dunbar - Marcucci		10	-
....line Death Notices in..... Papers			
Local, Posted (Names of Newspapers)		3	61
Examiner		7	00
Sales Tax		7	41
Total Footing of Bill	$	623	77
Less 23.95 -	$	23	95 -
Balance	$	599	27

Entered into Ledger, page.....or below.

2 graves.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 11, 1951	" full	$ 599 27	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 9 1951

Name of Deceased Ruth Bigelow McDonald W-

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 423 - 2nd St. Sonoma, ☐Husband ☐Wife ☐Widow } None

or.....of } Age of Husband or Wife (if living).....Years

Charge to Hayward McDonald

Address.....above

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation At home - no (Social Security Number)

Employer and Address.....

Date of Death Aug. 9. 1951 (Date) 10:05 A (Hour)

Date of Birth March 23, 1887

Age 64 (Years) (Months) (Days)

Date of Funeral Aug 11. 1951 (Date) Sat. (Day of Week) 3 P. M. (Hour)

Services at Chapel -

Clergyman Rev. Potter Winters (Address)

Religion of the Deceased Prod. -

Birthplace Calif.

Resided in the State Lyf (or U.S. or City or County) (Years) (Months)

Place of Death St. Lukes Hospital 5 7

Cause of Death Carcinomatosis

Contributory Causes Carcinoma Breast

Certifying Physician John O. Gebbo M.D. (or Coroner)

His Address 450 Sutter St. S.F.

Name of Father James R. McDonald

His Birthplace Scotland

Maiden Name of Mother Emma J. Cooper

Her Birthplace Calif

Motor Ship } Remains to

Size of Casket Hi-pile ½ C. (State Color and Number)

Manufactured by S.F. Casket Co. -

Cemetery Crematory } Chapel of the Chimes SF

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 464	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		2 32 3
Suit or Dress (State Kind and Color)		6 96
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit 5.7 (State Number and District)	1	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
~~Cash Advanced~~ Modesto (See -		2 00
Out of town Undertaker's Charges		
Personal Service, Rev. Potter - (Themselves)		
Music - Dan Ruggles ?	10	—
...line Death Notices in ... Papers		
Local - Pasted	3	61
(Names of Newspapers)		
Exp. a minner	5	20
Chronicle	4	55
Sales Tax ~~?~~	6	96
Total Footing of Bill	$ 543	82
Less 23.20 - 30 days	$ 23	00
Balance	$ 520	62

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance	
		To Balance Forward		$	
		By Payment		$	
Sept 7, 1951		In full	$520 62	$	
		" "		$	
		" "		$	
		" "		$	
		" "		$	
		" "		$	

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Embassy Full lined
Sr B & Bp Fringe on overlay

HANDLES: 432-6x2-Spt.Hdls

McDONALD—In San Francisco, August 9, 1951, Ruth Bigelow McDonald, daughter of the late James R. and Emma J. McDonald, beloved sister of James R. McDonald of San Francisco, Hayward McDonald of Napa, Paul McDonald of Danville, Calif., and the late Mark E. McDonald; a native of California; aged 64 years.
Friends are invited to attend the funeral services Saturday, August 11, at 3 p. m. from the Chapel of Bates & Evans, Sonoma, Calif.

Names of Lodges..... Insurance Companies.....

...eral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

54

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 10 1951.

Name of Deceased Carlotta Victoria Barton W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Walnut Ave. El Verano ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Henry A. Hunter

Address 2413 Mission Ave - Fresno

Order given by above (or informant)

How Secured

If Veteran, State War no

Occupation At home no. (Social Security Number)

Employer and Address

Date of Death Aug. 10, 1951 - 5:20 P. (Date) (Hour)

Date of Birth March 6, 1878

Age 73 (Years) (Months) (Days)

Date of Funeral Aug 13 - Mon. - 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Arteriosclerotic Heart disease

Certifying Physician (or Coroner)

His Address Sonoma County Hospital

Name of Father Herbert

His Birthplace

Maiden Name of Mother Catherine Armstrong

Her Birthplace

Motor / Ship } Remains to

Size of Casket 9405 Slip Cap - Gray Doe (State Color and Number)

Manufactured by J. F. Casket Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 220	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17 - Jet 51 (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		110 15
Door Spray, $ ..... Gloves, $		12
Funeral Car, $ ..... Ambulance, $		142
Limousines to Cemetery ..... @ $		13
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		426
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... 1 ... Grave	65	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15	00
....line Death Notices in ..... Papers		
..... No. notices - (Names of Newspapers)		
Sales Tax	3.	75
Total Footing of Bill	$ 361	26
Less 11.75 - 30 days'	$	
Balance	$	

Entered into Ledger, page .....or below.

12-31-51 Filed with County Clerk Santa Rosa
Copy to Henry Hunter Fresno.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
							To Balance Forward				
							By Payment				
						Feb 6, 52	In full	$ 361	26		
							By H. Hunter.				
							" "				
							" "				
8-21-51	Statement						" "				
Henry A. Hunter							" "				

SIZE 6/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382- Hdlz

Court House Annex Fresno, Cal.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Aug 16 19 51

Name of Deceased Joseph Zwickel (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 Box 189 A Sonoma ☐Husband ☐Wife ☐Widow or ..... of Klara Age of Husband or Wife (if living) 87 Years

Charge to: wife

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation Ret. Baker No. (Social Security Number)

Employer and Address .....

Date of Death Aug 16, 1951 (Date) 2:25 P. (Hour)

Date of Birth March 9, 1862

Age 89 (Years) (Months) (Days)

Date of Funeral Aug 18 (Date) Sat (Day of Week) 9:30 A. M. (Hour)

Services at ~~Chapel~~ St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Myocardial failure

Contributory Causes Following

Fractures of left Humerus

Certifying Physician Verna Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father .....

His Birthplace .....

Maiden Name of Mother Maria Zwickel

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket 95H Grey Dale (State Color and Number)

Manufactured by Golden State Co.

Cemetery / ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	308	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or ~~Dress~~ 10.50 Sat 37 (State Kind and Color)		10	82
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			154
Door Spray, $ ..... Gloves, $			15
Funeral Car, $ ..... Ambulance, $			1050
Limousines to Cemetery ..... @ $			1795 3
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			850
Getting Remains from			53
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot 2 improved Graves		120	—
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		25	—
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service Mass		15	—
Casket Spray		15	00
....line Death Notices in ..... Papers			
Local (Names of Newspapers)		3	61
Sales Tax		5	07
Total Footing of Bill	$	517	50
Less 16 15 30 days	$	16	15
Balance	$	501	35

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-28-51	To Above Balance Statement mailed	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Sept 5-51	" " full	$ 501 35	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 6 Yearly No. 9 Date of Entry August 22 1951

Name of Deceased Emma Louise Perry W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 2 Box 401 Sonoma ☐Husband ☐Wife ☐Widow } Avery 14

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: William Perry

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation At home No (Social Security Number)

Employer and Address .....

Date of Death Aug 22 1951 10:40 P (Date) (Hour)

Date of Birth Aug 9 1863

Age 88 (Years) 0 (Months) 13 (Days)

Date of Funeral Aug 25 Sat 10:30 AM (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Ferrell Sonoma (Address)

Religion of the Deceased Prod

Birthplace Half Moon Bay, Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollendauer M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father William Pringle

His Birthplace Calif

Maiden Name of Mother .....

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket Cedar Rose 2 C (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

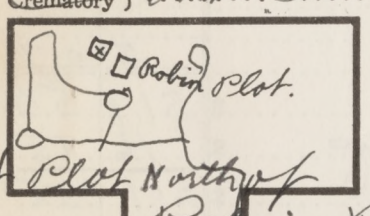

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) $	350	–
Casket		
Burial Vault or Box (State Kind)	15	–
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress 17.00 Fl 51 (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		6
Folding Chairs, $ ..... Tarpaulin, $		17 50
Candelabrum, $ ..... Candles, $		13
Door Spray, $ ..... Gloves, $		7
Funeral Car, $ ..... Ambulance, $		20 3
Limousines to Cemetery ..... @ $		621
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	–
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	55	–
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Ferrell	10	–
Music (Dunbar Marvenal)	10	–
....line Death Notices in .... Papers		
Posted Local (Names of Newspapers)	3	61
Sales Tax	5	70
Total Footing of Bill $	471	82
Less 18.25 30 days $	18	25
Balance $	453	57

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
Statement	To Bill Sent Sept 1 51				By Payment	$	$
	By Payment	$	$	Sept 24 51	" " In full	$453.57	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 24 1951

Name of Deceased Deborah Whitney Salisbury W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Spain St. Sonoma ☐Husband ☐Wife ☐Widow } Roscoe

or.....of } Age of Husband or Wife (if living).....Years

Charge to: John Ostrum

Address P.O. Box 533 Sonoma

Order given by above — (or informant)

How Secured

If Veteran, State War no

Occupation At home no (Social Security Number)

Employer and Address

Date of Death Aug. 24, 1951 — (Date) (Hour)

Date of Birth Jan. 18, 1865

Age 86 (Years) 7 (Months) 6 (Days)

Date of Funeral Cremation Aug. 25 (Date) Sat. (Day of Week) 2:45 P.M. (Hour)

no services ~~Services~~ at Chapel of the Chimes

Clergyman None (Address)

Religion of the Deceased Prod.

Birthplace Downeyville, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Sonoma Co. Hospital

Name of Father David Livingston Whitney

His Birthplace Canton Ohio

Maiden Name of Mother Eliza Sandee

Her Birthplace Seneca Falls, N.Y.

Motor Ship } Remains to

Size of Casket #80 Grey Crepe (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	160	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			80
Suit or Dress (State Kind and Color)			3 / 240
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation		45	50
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service No. ~~nurses~~			
~~No. ministers~~			
..... line Death Notices in ..... Papers			
~~no notices~~			
C. Examiner (Names of Newspapers) (after Service)		4	00
~~No. Several~~			
Sales Tax		2	40
Total Footing of Bill	$	211	90
Less 8.00 30 days	$	8	00
Balance	$	203	90

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug. 29	" 95 " in full	$203 90	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 3 1957.

Name of Deceased Roy Victor Marshall White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: 1610-B St. Napa Caly ☐Husband ☐Wife ☐Widow } Marpree

Charge to: Virgil Woods or.....of } Age of Husband or Wife (if living).....Years

Address: P.O. Box 72 Fulton Caly (Son-in Law)

Order given by..... (or informant)

How Secured.....

If Veteran, State War World War I

Occupation Dish Washer (Social Security Number)

Employer and Address.....

Date of Death Sept. 3, 1957 (Date) 2:30 A. (Hour)

Date of Birth Sept. 17, 1896

Age 60-11-4 (Years) (Months) (Days)

Date of Funeral Sept 7 (Date) Sat (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman Rev. C. C. Champlain (Address)

Religion of the Deceased Prod.

Birthplace Indiana

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Norway 12 Santa Rosa Rd

Cause of Death Heart Failure & Shock

Contributory Causes Rupture of heart & Aorta

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa

Name of Father William Marshall

His Birthplace.....

Maiden Name of Mother Sarah Saylor

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket #8 Grey Am. Crepe (State Color and Number)

Manufactured by: Golden Gate C. Co.

Cemetery / Crematory } I.O.O.F. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 148	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		14
Suit or Dress (State Kind and Color)		7
Slippers, $ ... Hose, $		7
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Minister	10	-
Out of town Undertaker's Charges		
Personal Service Mrs. Dunbar	5	-
Paul Marcucci	5	-
... line Death Notices in ... Papers		
Democrat (Names of Newspapers)	4	-
Sales Tax	2	22
Total Footing of Bill	$ 174	22
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 5, 57	Virgil Woods	$ 24 -	$
	" "	$	$		" Insurance	$ 150 -	$
	" "	$	$	Nov 7, 1957	" Government	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 10 19 51

Name of Deceased Henry Otto Weber White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 100 A Glen Ellen ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: County of Sonoma

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War Unk

Occupation Dog Trainer 551-26-3963 (Social Security Number)

Employer and Address Self

Date of Death Sept 10, 1951 (Date) 2:40 a. (Hour)

Date of Birth March 28, 1882

Age 69 (Years) (Months) (Days)

Date of Funeral Sept 13 - Thurs. (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Ferrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Brooklyn, N. Y.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Cerebro-Vascular disease

Contributory Causes Generalized Arteriosclerosis

.....

Certifying Physician F. Campbell M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Henry Weber

His Birthplace Germany

Maiden Name of Mother Louise Theobaugh

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket County - (State Color and Number)

Manufactured by Golden State Co. -

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 60	30
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		30 15 3
Slippers, $..... Hose, $		90
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	15	-
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Ferrell - no chg -		
.....line Death Notices in..... Papers		
Dorothy furnished flowers. (Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$ 75	20
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Oct 3, 1951	" Paid in full	$ 75 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 14 1951

Name of Deceased William Carl Schatz W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 202 Sonoma ☐Husband ☐Wife ☐Widow } Augusta 86

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. E. L. Marene

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Ret. Cement Worker No. (Social Security Number)

Employer and Address.....

Date of Death Sept. 14, 1951 (Date) 12:30 P.M. (Hour)

Date of Birth Jan. 13, 1867

Age 84 (Years) (Months) (Days)

Date of Funeral Jan 17 (Date) mon (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address Sonoma Co. Hospital

Name of Father.....

His Birthplace Germany

Maiden Name of Mother Amelia Vickert

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket 9405- Gray Doe (State Color and Number)

Manufactured by: S.F.C.C.

Cemetery Crematory } Valley Cemetery

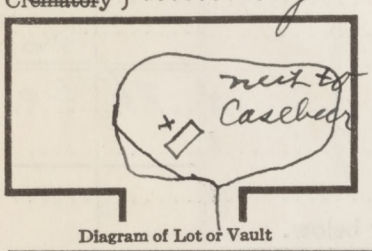

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	220 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		11.0
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		12.3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		3.75
Door Spray, $..... Gloves, $		2
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
- Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ .... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Terrell		10 -
Organ - Musicians		5 00
....line Death Notices in ..... Papers		
Pasted - (Names of Newspapers)		3.61
Sales Tax		3.75
Total Footing of Bill	$	282.36
Less 11.75 - 30 days	$	11.75
Balance	$	270.61

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance	Date		Amount Paid		Balance
		To Balance Forward			$		To Balance Forward			$
		By Payment	$		$		By Payment	$		$
		"	$		$		"	$		$
		"	$		$	Sept 20	" Full	$ 270	61	$
		"	$		$		"	$		$
		"	$		$		"	$		$
		"	$		$		"	$		$

SIZE 6/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382- Hdlz

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 22 1951

Name of Deceased Richard Daniel Majors W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Glen Ellen

☐ Husband ☐ Wife ☐ Widow } of ..... of } Age of Husband or Wife (if living).....Years

Charge to: Daniel J. Majors

Address. Gnd Ell. Glen Ellen

Order given by... above (or informant)

How Secured: :

If Veteran, State War

Occupation — — (Social Security Number)

Employer and Address

Date of Death.. Sept 22, 1951 (Date) (Hour)

Date of Birth. Sept 19 1951

Age. 3 (Years) (Months) (Days)

Date of Funeral Sept 24-51 Mon. M. (Date) (Day of Week) (Hour)

Services at: : Chapel

Clergyman: Rev. Lyman Jones Petaluma (Address)

Religion of the Deceased

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane Hosp. S. F.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address: :

Name of Father Daniel J. Majors, ~~Jr~~

His Birthplace Arkansas

Maiden Name of Mother Bernice L. Condon

Her Birthplace Iowa

Motor Ship } Remains to

Size of Casket 7-0 (State Color and Number)

Manufactured by Golden State Co. Co

Cemetery Crematory } Valley Cemetery

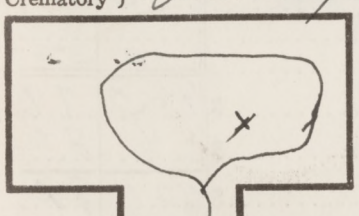

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	57	00
Casket		
Burial ~~Vault or~~ Box ...no. chg. (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		2850
Dressing Body, $..... Underwear, $.....		3
Suit or Dress (State Kind and Color)		18 55 50
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $: : ..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit. S. F. (State Number and District)	1	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax..... $		
Outlay for Lot.....		
Cremation.....		
Flowers, $.....Palms, $: : : : Matting, $.....		
Rental of Tent, $....of Temporary Vault, $.....		
Opening of Grave or Tomb.....	7	50
Lining Grave, $.....Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $.....Singers, $....Organist, $.....		
Railroad or Motor } Tickets, $..... Aero-plane } Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service Rev. Lyman Jones	10	-
Organ (Marcucci)	5	00
...line Death Notices in.....Papers		
(Names of Newspapers)		
		86
Sales Tax		
Total Footing of Bill..... $	81	36
Less..... $		
Balance..... $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 23 51	" On acct	$ 50 00	$
Nov 2, 1951	"	$ 10 -	$
Dec, 1951	"	$ 21 36	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 1 Yearly No. ____ Date of Entry Oct. 1 19 51

Name of Deceased George Kalafatis W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. Box 484 - Sonoma ☐Husband ☐Wife ☐Widow } Athna

Charge to Athna Kalafatis or ____ of } Age of Husband or Wife (if living) ____ Years

Address Above -

Order given by ____ (or informant)

How Secured ____

If Veteran, State War No

Occupation Ret. Grocery Owner (Social Security Number)

Employer and Address Self

Date of Death Oct. 1, 1951 (Date) 7 A.M. (Hour)

Date of Birth March 23, 1881

Age 70 (Years) 6 (Months) 8 (Days)

Date of Funeral Oct 3 - (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Holy Trinity Church 345 - 7th St San Francisco (Address)

Clergyman ____

Religion of the Deceased Greek Orthadox

Birthplace Greece

Resided in the State ____ (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial Failure

Contributory Causes Coronary Occlusion Arteriasclerosis

Certifying Physician R. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father George Kalafatis

His Birthplace Greece

Maiden Name of Mother ____

Her Birthplace Greece

Motor / Ship } Remains to ____

Size of Casket Groton H.P. metal Heather (State Color and Number)

Manufactured by S.F. Co. ____

Cemetery / Crematory } Greek Orthodox Memorial Park San Mateo Co.

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Complete Funeral (except outlays)	$ 836	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $ ____		
Dressing Body, $ ____ Underwear, $ ____		
Suit or Dress (State Kind and Color)		
Slippers, $ ____ Hose, $ ____		418
Folding Chairs, $ ____ Tarpaulin, $ ____		3
Candelabrum, $ ____ Candles, $ ____		5 14
Door Spray, $ ____ Gloves, $ ____		1 V 1
Funeral Car, $ ____ Ambulance, $ ____		
Limousines to Cemetery ____ @ $ ____		
Extra Limousines ____ @ $ ____		
Autos to R. R. Station ____ @ $ ____		
Getting Remains from ____		
Taking Remains to ____		
Trip to Coroner's Inquest		
Delivering Box to ____		
Deliver Flowers to ____		
Removal Charges		
Procuring Burial Permit San Mateo (State Number and District)	2 —	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ____ Use of Chapel, $ ____		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ____ Palms, $ ____ Matting, $ ____		
Rental of Tent, $ ____ of Temporary Vault, $ ____		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $ ____		
Outlay for Shipping Charges		
Clergyman, $ ____ Singers, $ ____ Organist, $ ____		
Railroad / or Motor } Tickets, $ ____ Aeroplane Service, $ ____		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service 2 C/C		2 00
____ line Death Notices in ____ Papers		
Examiner (Names of Newspapers)		7 56
Local — Posted		3 61
Sales Tax		12 54
Total Footing of Bill	$	863 71
Less 41 1/2 % - 30 days	$	41 80
Balance	$	821 91

Entered into Ledger, page ____ or below.

SIZE 6/6 No. ____son H.P Cov. Heather

DESCRIPTION: Sealer
Barron Panel & Pillow
Full lined Emperor Eggshell Sr.B & Bp

HANDLES:

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
		" "	$		$	
Oct. 13	1951	" "	$ 821	91	$	
		" " Full	$		$	
		" "	$		$	
		" "	$		$	

Statement Oct 12 51

KALAFATIS—In Sonoma, California, Oct. 1, 1951, George Kalafatis, dearly beloved husband of Mrs. Athna Kalafatis of Sonoma, beloved father of Katina Kalafatis of Sonoma, and Alex Kalafatis of Berkeley, adored grandfather of Johnnie George Kalafatis of Berkeley; a native of Greece, aged 70 years. A member of Aerie No. 71, F. O. E., Vallejo, and Pansamian Society "Pythagoras."
Friends are invited to attend the funeral services Wednesday, Oct. 3, at 2 p. m., from the Holy Trinity Church, 345 7th St., San Francisco. Interment, Greek Orthodox Memorial Park. Friends may call at the Chapel of Bates & Evans, Sonoma, Calif., until 12 noon Wednesday.

Names of Lodges ____ Insurance Companies ____

neral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors.)

m, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from

____% per annum.

Signed ____

Address ____

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. 0 Date of Entry Oct 3 1951

Name of Deceased Suzanne Burmis W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Andrieux St. Sonoma, Caly ☐Husband ☐Wife ☐Widow or ..... of

Charge to Frank Burmis (father) Age of Husband or Wife (if living) ..... Years

Address P.O. Bx 782 Sonoma -

Order given by ..... (or informant)

How Secured: :

If Veteran, State War no

Occupation none

(Social Security Number)

Employer and Address

Date of Death Oct 3, 1951 - 4:40 a.m. (Date) (Hour)

Date of Birth Oct. 22, 1949

Age 1 (Years) 11 (Months) 19 (Days)

Date of Funeral Oct 4 - Thurs. 10 a - M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Priest (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

(or Coroner)

Certifying Physician Michael M. Mikita M.D.

His Address Boyes Springs, Caly

Name of Father Frank Burmis

His Birthplace Minneapolis, Minnesota

Maiden Name of Mother Betty Dobsinski

Her Birthplace Willow River, Minnesota

Motor / Ship } Remains to

Size of Casket 3/0 - White Lamb. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / ~~Crematory~~ } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 84	00
Casket	No Charge	
Burial Vault or Box (State Kind)	8.	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $	Donated, because	
Folding Chairs, $ ..... Tarpaulin, $	of Circumstances —	
Candelabrum, $ ..... Candles, $	8	
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. One Grave —	no	charge
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $	(Farnsworth	
Opening of Grave or Tomb	16. 00	
Lining Grave, $ ..... Lowering Device, $	Sent own statement	
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass of the Angels	No Charge	
.....		
.... line Death Notices in ..... Papers		
..... No. notices ..... (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 5 1951

Name of Deceased John F. Johnson - W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 738 Sonoma Mt. Francis ☐Husband ☐Wife ☐Widow } Hansena

Charge to Mrs. Nina Slagle or.....of } Age of Husband or Wife (if living).....Years

Address Paradise, Calif -

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Ret. Plumber - No. (Social Security Number)

Employer and Address

Date of Death Oct. 5, 1951 - 11:45 P. (Date) (Hour)

Date of Birth June 24, 1868

Age 83 (Years) 3 (Months) 11 (Days)

Date of Funeral Oct 8, 1951 Monday 2:30 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Terrell - Sonoma (Address)

Religion of the Deceased Prod -

Birthplace Sweden

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Thrombosis, Cerebral Vessels

Contributory Causes Arteriosclerosis General Benign Prostatic Hypertrophy

Certifying Physician William D. Ellison MD (or Coroner)

His Address Sonoma County Hospital

Name of Father Jonas Johnson

His Birthplace Sweden

Maiden Name of Mother Elvira Svenrdotter

Her Birthplace Sweden

Motor Ship } Remains to

Size of Casket 940 5 - Grey Dale (State Color and Number)

Manufactured by S.F. Casket Co -

Cemetery Crematory } 2-00 F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 235	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		11 50
Dressing Body, $ ... Underwear, $		3
Suit or Dress (State Kind and Color)		3 50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music (Bunbar, Marcucci)	10	00
Rev. Terrell -	10	-
... line Death Notices in ... Papers		
(Names of Newspapers) 1 c/c	1	00
Sales Tax	$ 3	53
Total Footing of Bill	$ 259	53
Less 11.75 - 30 days	$ 11	75
Balance	$ 247	78
Entered into Ledger, page ... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 15 1951	"	$ 247 78	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 16 19..51

Name of Deceased Arthur Clyde Brashear W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Londonside Park Glen Ellen ☐Husband ☐Wife ☐Widow } Dora Bess

Charge to Mrs. Dora Bess Brashear or.....of } Age of Husband or Wife (if living).....Years

Address Above —

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War no

Occupation Ret. Laborer no.
(Social Security Number)

Employer and Address.....

Date of Death Oct. 16, 1951 (Date) 11:30 P. (Hour)

Date of Birth March 28, 1884

Age 67 (Years) (Months) (Days)

Date of Funeral Oct. 20 (Date) Sat (Day of Week) 11 a. (Hour) M.

Services at Chapel of the Chimes

Clergyman Dr. Edgar White Burrill S.F. (Address)

Religion of the Deceased Prod.

Birthplace Iowa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home —

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Scott Brashear

His Birthplace Pennsylvania

Maiden Name of Mother Emma Baker

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 5-H Grey Doe (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		16 50
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		4 8 45 0
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in..... Papers		
Democrat (Names of Newspapers)	4	00
Cheyenne Tribune		
2 C. C.	2 4	— 85
Sales Tax		
Total Footing of Bill	$ 378	85
Less	$ 16	15
Balance	$ 362	70

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	Oct 19 51 $		" "	$ 200 —	$
	" "	$	Nov 3 51 In full		" "	$ 162 70	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

66

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 30 19 51

Name of Deceased Agnes Duhring Denny W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2nd St. East at Napa-Sonoma ☐ Husband ☐ Wife ☐ Widow of Thomas C.

Charge to Thomas C. Denny

Address Sonoma

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Housewife No (Social Security Number)

Employer and Address

Date of Death Oct. 30, 1951 11 P.M. (Date) (Hour)

Date of Birth June 11, 1876

Age 75 (Years) (Months) (Days)

Date of Funeral Oct. 31, 1951 Wed. 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Frederick Duhring

His Birthplace Germany

Maiden Name of Mother Dorothea Clewe

Her Birthplace Germany

Motor / Ship } Remains to

Size of Casket 1909-H.P. Cov Metal Cloth (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory D.M. Cem. Sonoma, Caly

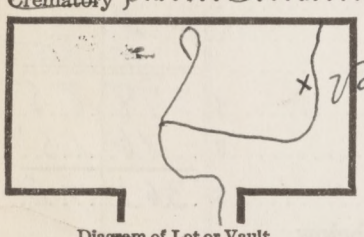

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	488 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		24 4
Slippers, $ ... Hose, $		3
Folding Chairs, $ ... Tarpaulin, $		3 32
Candelabrum, $ ... Candles, $		7
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Sexton Vault Fee		5 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Buttrum		10 00
... line Death Notices in ... Papers		
Examiner		5 04
(Names of Newspapers) Chronicle		3 85
N. Bay Monument Co		81 —
Sales Tax		7 32
Total Footing of Bill	$	605 21
Less 24.40 - 30 Days	$	
Balance	$	

Entered into Ledger, page ..... or below.

12-3-51 Statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
				Jan. 10, 1952	To Balance Forward	605 21	$
					By Payment in full		$
					"		$
					"		$
					"		$
					"		$
					"		$

SIZE 6/6 No. 1909- H.P. Cov. 87

1-4-52 - Filed claim with County Clerk - Copy to Thomas Denny -

DESCRIPTION: Sabina Panel & Pillow Egg. Sr B & Bp

Full lined Bianca Cr. Velvet

HANDLES: 7300-6x2- Spt & NT. Hdls & Corners

DENNY—In Sonoma, Calif., October 30, 1951, Agnes Duhring Denny, dearly beloved wife of Thomas C. Denny of Sonoma, loving aunt of Frederick S. and Stephen R. Duhring, sister of the late Frederick T. Duhring; a native of Sonoma, Calif.

Private funeral services Wednesday from the Bates & Evans Funeral Home, Sonoma, Calif. Interment private. (Donations in remembrance may be sent to the American Red Cross.)

Names of Lodges ..... Insurance Companies .....

neral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F.J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 31 19 51

Name of Deceased Valley Labes W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx. 18 Sonoma, Caly. ☐Husband ☐Wife ☐Widow or Mother of Ruth Sporrer

Charge to: Vernon Silvershield, Coroner. Age of Husband or Wife (if living)..... Years

Address. Santa Rosa, Caly.

Order given by above (or informant)

How Secured:

If Veteran, State War No.

Occupation At home Unk (Social Security Number)

Employer and Address

Date of Death Oct. 31, 1951 2:30 P. (Date) (Hour)

Date of Birth. Nov. 2, 1885

Age. 65 (Years) (Months) (Days)

Date of Funeral Nov. 3 Sat. 1:30 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $ say		
Suit or Dress 16.00 Underwear 3.50 19.50 (State Kind and Color)		20 09
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		1.54
Candelabrum, $ ... Candles, $		1.5
Door Spray, $ ... Gloves, $		1.95
Funeral Car, $ ... Ambulance, $		18.50
Limousines to Cemetery ... @ $		18.3
Extra Limousines ... @ $		5.50
Autos to R. R. Station ... @ $		5.65
Getting Remains from		
		5 00
and District) sNo.		
r Coroner's) apel, $		
	$	8 00
ting, $		
Vault, $		45 —
vice, $		
anist, $		
ervice, $		
rges		
Cash Advanced [illegible] pray		20 00
Out of town Undertaker's Charges		
Personal Service Rev. Champlain		10 —
Music - Wurlitz-Marimba		10 —
line Death Notices in Papers		
Indep. Tribune		1.50
(Names of Newspapers) Democrat		4 00
		5 07
Sales Tax		
Total Footing of Bill	$	451 66
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Nov 30 19 51 NO. 07260

RECEIVED FROM Jewel Evans

Social Sec Claim — DOLLARS

Est of Vally Labes

for $451.66 - Funeral

$ [illegible] HOW PAID | BALANCE DUE [illegible]

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Her Birthplace. Germany

Motor Ship } Remains to

Size of Casket Below (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Mt. Cem. Sonoma, Caly.

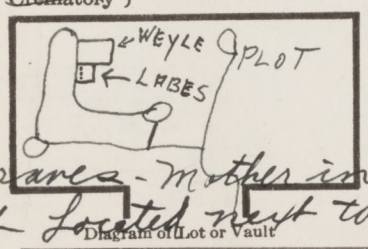

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No. next to Road.

Owner Weyle Plot.

2 graves - Mother in Plot located next to N.W. corner of Weyle Plot

1 grave left for daughter Ruth Sporrer

SIZE 6/3 NO. 9389 COV. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

11-30-51 filed with Krueger

	Date		Amount Paid	Balance
		To Balance Forward		
		By Payment		
	Dec 3	51 " Full	451 66	
		" "		
		" "		
		" "		
		" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

66

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 30 19 51

Name of Deceased Agnes Duhring Denny W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3rd St. East at Napa-Sonoma ☐Husband ☐Wife ☐Widow of Thomas C.

Charge to Thomas C. Denny

Address Sonoma

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address

Date of Death Oct. 30, 1951 11.9.M. (Date) (Hour)

Date of Birth June 11, 1876

Age 75 (Years) (Months) (Days)

Date of Funeral Oct. 31, 1951 Wed. 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Frederick Duhrung

His Birthplace Germany

Maiden Name of Mother Dorothea Cleve

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket 190 - H.P. Cow Metal Clo (State Color and Number)

Manufactured by J. F. & C. Co.

Cemetery Crematory D. M. Cem. Sonoma, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	488	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)			24 4
Slippers, $ ... Hose, $			3
Folding Chairs, $ ... Tarpaulin, $			7 3 2
Candelabrum, $ ... Candles, $			1
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery @ $			
Extra Limousines @ $			
Autos to R. R. Station @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring ... Papers		10	00
(Names of Newspapers)		5	04
Chronicle		3	85
N. Bay Monument Co		81	-
Sales Tax		7	32
Total Footing of Bill	$	605	21
Less 24.40 - 30 days	$		
Balance	$		

Entered into Ledger, page ..... or below.

12-3-51 Statement

Date	Amount Paid		Balance		Date		Amount Paid		Balance	
					Jan. 10, 1952	To Balance Forward	605	21	$	
						By Payment			$	
						"			$	
						"			$	
						"			$	
						" "			$	
	$		$			" "			$	
	$		$			" "			$	

SIZE 6/6 No. 1909- H.P. Cov. 87

1-4-52 - Filed claim with County Clerk - Copy to Thomas Denny -

DESCRIPTION: Sabina Panel & Pillow Egg. Sr B & Bp
Full lined Bianca Cr. Velvet

HANDLES: 7300-6x2- Spt & NT. Hdls & Corners

DENNY—In Sonoma, Calif., October 30, 1951, Agnes Duhring Denny, dearly beloved wife of Thomas C. Denny of Sonoma, loving aunt of Frederick S. and Stephen R. Duhring, sister of the late Frederick T. Duhring; a native of Sonoma, Calif.

Private funeral services Wednesday from the Bates & Evans Funeral Home, Sonoma, Calif. Interment private. (Donations in remembrance may be sent to the American Red Cross.)

Names of Lodges ..... Insurance Companies .....

neral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 31 19 51

Name of Deceased Valley Labes W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx 18 Sonoma Caly

☐ Husband ☐ Wife ☐ Widow or Mother of } Ruth Sporrer

Age of Husband or Wife (if living)..... Years

Charge to: Vernon Silvershield, Coroner.

Address. Santa Rosa, Caly.

Order given by Above (or informant)

How Secured:

If Veteran, State War No.

Occupation At home - Unk (Social Security Number)

Employer and Address

Date of Death Oct 31, 1951 (Date) 2:30 P. (Hour)

Date of Birth Nov 2, 1885

Age 65 (Years) (Months) (Days)

Date of Funeral Nov 3 (Date) Sat. (Day of Week) 1:30 P.M. (Hour)

Services at: Chapel

Clergyman: Rev. C. C. Champlin Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cardio-Vascular Accident

Contributory Causes

Certifying Physician Robert C. MacLean M.D. (or Coroner)

Address Sonoma Co. Hospital -

Name of Father Robert Labes

Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket Below (State Color and Number)

Manufactured by S. F. Casket Co. -

Cemetery Crematory } Mt. Cem. Sonoma, Caly

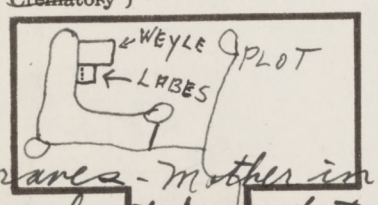

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No. next to Road

Owner Weyle Plot

2 graves - Mother in Plot Located next to N. W. Corner of Weyle Plot

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $ say		
~~Suit or~~ Dress 16.00 Underwear 3.50 (State Kind and Color) 5.99	20	09
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		1.54
Candelabrum, $ ... Candles, $		1.5
Door Spray, $ ... Gloves, $		1.95
Funeral Car, $ ... Ambulance, $		18.50
Limousines to Cemetery ... @ $		18.3
Extra Limousines ... @ $		5.65 50
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Parts 2.00 2 graves	8	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	45	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Casket Spray	20	00
Out of town Undertaker's Charges		
Personal Service Rev. Champlin	10	-
Music - Number - Name	10	-
... line Death Notices in ... Papers		
Index Tribune (Names of Newspapers)	1	50
Democrat	4	00
Sales Tax	5	07
Total Footing of Bill	$ 451	66
Less 16.15 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

1 grave left for daughter Ruth Sporrer

SIZE 6/3 No. 9389 COV. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

11-30-51 filed with Krueger

	Date		Amount Paid		Balance	
To Balance Forward					$	
By Payment			$ 451	66	$	
" " Dec 3 51 Full			$		$	
" "			$		$	
" "			$		$	
" "			$		$	
" "			$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN. St. Louis, Mo.

68

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry November 1 1951

Name of Deceased Vivian Mary Scribner W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Glen Ellen, Cal. ☐Husband ☐Wife ☐Widow (What Race) White

Charge to: Jack Scribner

Address Glen Ellen, Cal.

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death Nov 1, 1951 (Date) 3:40 P. (Hour)

Date of Birth Feb 6, 1897

Age 54 (Years) (Months) (Days)

Date of Funeral Nov 3 (Date) Sat (Day of Week) 11 (Hour) A. M.

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Napa, Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Richmond Hospital

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician Guinan M.D. (or Coroner)

His Address .....

Name of Father George Secord

His Birthplace Dutch Flat, Calif.

Maiden Name of Mother Winifred Scott

Her Birthplace Glasgow, Scotland

Motor / Ship } Remains to .....

Size of Casket 97½ Cedar Rose - Silk Plush (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Tilden Park Crematorium Napa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 365	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		50
Slippers, $ ..... Hose, $		18 3/50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		47
Funeral Car, $ ..... Ambulance, $		50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. Richmond (State Number and District)	1	00
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation	50	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Dr. Buttrum	10	00
Organ - Marcucci	5	00
....line Death Notices in .... Papers		
Index Tribune	3	61
(Names of Newspapers) Democrat	4	00
Napa Register	2	50
Sales Tax	5	48
Total Footing of Bill	$ 446	59
Less 1875 - 30 days	$ 18	75
Balance	$ 427	84

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 1 51	" Inquest	$ 427 84	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found Nov 2 1951

Name of Deceased Edward Michael Cleary W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O.Bx 798 Sonoma

☐Husband ☐Wife ☐Widow } Annie
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs Annie Cleary

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Ret. Electrician No (Social Security Number)

Employer and Address

Date of Death Nov 2, 1951 (Date) Found (Hour) 6 AM

Date of Birth Sept 26, 1874

Age 76 (Years) (Months) (Days)

Date of Funeral Nov 5 (Date) Mon (Day of Week) 9:30 (Hour) A.M.

Services at St Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif

Name of Father Michael Cleary

His Birthplace Ireland

Maiden Name of Mother Mary Bawlé

Her Birthplace Ireland

Motor Ship } Remains to

Size of Casket 1909 H.P. Cov. 87 (State Color and Number)

Manufactured by S.F.C.C.

Cemetery Crematory } St Mary's Cem Oakland

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 488	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		2 44
Folding Chairs, $ ... Tarpaulin, $		3 32
Candelabrum, $ ... Candles, $		7 32
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax St Marys ... $		
Outlay for Lot Oakland Cem	56	44
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges No chg		
Personal Service Mass	15	00
line Death Notices in ... Papers		
Examiner-Sat-Sun (Names of Newspapers)	15	13
Indep Tribune	3	61
Sales Tax	7	32
Total Footing of Bill	$ 585	50
Less 24.40 30 days	$ 24	40
Less 15% Balance no chg Mass	$ 561	10
Entered into Ledger, page ... or below.	15	—

SIZE 6/6 No. 1909 H.P. Cov. 87

DESCRIPTION: Sabina Panel &N Pillow
Full lined Bianca Cr. Velvet
Eggshell Sr. B & Bp

HANDLES: 7300-6x2- Spt & NT Hdls & Corners

	Date		Amount Paid	Balance
To Balance Forward			$	$
By Payment			$	$
"	Nov 24 51	"Dy" full	$ 546 10	$
"	"		$	$
"	"		$	$
"	"		$	$
"	"		$	$

CLEARY—In Sonoma, Calif., November 2, 1951, Edward Michael Cleary, dearly beloved husband of Mrs. Annie Cleary of Sonoma, beloved father of Edward Cleary of St. Patrick's Seminary, Menlo Park, and John Cleary of Sonoma; a native of Oakland, aged 76 years.
Friends are invited to attend the funeral services Monday, November 5, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, St. Mary's Cemetery, Oakland. Rosary will be recited Sunday evening at 8 o'clock.

Names of Lodges ... Insurance Companies

neral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

n, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

70

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 5 1951.

Name of Deceased Hazel L. Martens W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 452B Sonoma ☐Husband ☐Wife ☐Widow of Albert J.

Charge to Albert J. Martens Age of Husband or Wife (if living).....Years

Address Above

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No

Occupation At home 545-01-0269
(Social Security Number)

Complete Funeral (except outlays)	$	464 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress		23 —
		3.
		9 6
		6.1

Jan 3 1952 NO. 07306

RECEIVED FROM Bates & Evans

Discharge Papers for DOLLARS

Hazel L. McMurray Martens (deceased)

$ ____ HOW PAID | BALANCE DUE X A. J. Martens

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

.....District)

.....oroner's)

.....el, $.....

.....$

Certifying Physician Vernon Silversheild
(or Coroner)

His Address Santa Rosa, Calif

Name of Father James Kennedy

His Birthplace Scotland

Maiden Name of Mother.....

Her Birthplace England

Motor Ship } Remains to.....

Size of Casket 48 3/4 Cov 272 - Hi-Pile
(State Color and Number)

Manufactured by S. F. G. Co.

Cemetery Crematory } I.O.O.F. Santa Rosa, Calif

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Terrell		10 —
Music - Dunbar Marcucci		10 —
....line Death Notices in.....Papers		
....Examiner - (Names of Newspapers)		5 04
Sales Tax		6 96
Total Footing of Bill	$	496 00
Less 23.20 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Took statement

SIZE 6/6 No. 4538 Cov. 323

1-23-52. Filed with Government

DESCRIPTION: Sabina of Mahawk Full lined Fringe on overlay Sr B & Bp

HANDLES: 432-6x2- Spt Hdls

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
Dec.	20,	1951 "on acct	$100		$	
June	17,	" on acct	$150		$	
July	4	" on acct	$100		$	
Sept.	17	" on acct	$100		$	
Nov.	19.	" " full	$46		$	
		" "	$		$	

MARTENS—In Sonoma, Calif., November 5, 1951, Hazel L. Martens, dearly beloved wife of Albert Martens of El Verano, beloved sister of Mrs. Beulah E. France and Roy Kennedy of San Francisco; a native of South Africa, aged 46 years.

Friends are invited to attend the funeral services Wednesday, November 7, at 1:30 p. m., from the Chapel of Bates & Evans, Sonoma, California. Interment, I. O. O. F. Cemetery, Santa Rosa.

Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry November 5 1957

Name of Deceased Ernest Bruntnall W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence .....

☐ Husband ☐ Wife ☐ Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Paid By L. W. Bruntnall (Half Bro.)

Charge to: .....

Address 407 Prospect Rd. Berea, Ohio

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death Nov. 5, 1957 (Date) (Hour)

Date of Birth .....

Age ..... (Years) (Months) (Days)

Date of Funeral Nov. 6, Tue 2 P. M. (Date) (Day of Week) (Hour)

Services at Church of Christ Santa Rosa

Clergyman Hyde Poplin (Address)

Religion of the Deceased Prod.

Birthplace .....

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death C. V. A. Hemorrhage

Contributory Causes Old C.V.A.

.....

Certifying Physician John D. Lopez M.D. (or Coroner)

His Address Jo. Co. Hospital

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket #80A Grey (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery / ~~Crematory~~ } D. D. F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		7.50 3 / 7.50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		2.17
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.... line Death Notices in ..... Papers (Names of Newspapers)		
		2 18
Sales Tax		147 18
Total Footing of Bill	$	3 11
~~Less~~ .... Clothing	$	150 29
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Dec 28, 1957	" Jewell	$ 150 29	$
	" Jno "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 5 1951.

Name of Deceased Hazel L. Martens W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 452B Sonoma ☐Husband ☐Wife ☐Widow of Albert J.

Charge to Albert J. Martens or..... of } Age of Husband or Wife (if living).....Years

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

ation At home 545-01-0269 (Social Security Number)

Address .....

h. Nov 5, 1951 - 5:45 a- (Date) (Hour)

n. Aug 22, 1905 -

46 2 13 (Years) (Months) (Days)

neral Nov 7 Wed 1:30 P.M. (Date) (Day of Week) (Hour)

Chapel -

Red Ferrell Sonoma (Address)

f the Deceased Prod -

South Africa

n the State (or U. S. or City or County) (Years) (Months)

Death Community Hospital

Death.....

utory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father James Kennedy

His Birthplace Scotland

Maiden Name of Mother.....

Her Birthplace England -

Motor Ship } Remains to.....

Size of Casket 48 37 Cov 272 - Hi-Pile (State Color and Number)

Manufactured by S. F. G. Co.

Cemetery Crematory } I.O.O.F. Santa Rosa, Caly

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 464 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	23 3
Slippers, $..... Hose, $	6 96
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $..... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $..... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $..... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Red Ferrell	10 -
Music - Dunbar - Marcucci	10 -
line Death Notices in ..... Papers	
1 Examiner - (Names of Newspapers)	5 04
	6 96
Sales Tax	
Total Footing of Bill	$ 496 00
Less 23.20 - 30 days	$
Balance	$

Entered into Ledger, page .....or below.

Took Statement

SIZE 6/6 No. 4538 Cov. 323

1 @ 3-5-2. Filed With Govt

DESCRIPTION: Sabina of Mahawk Full lined Fringe on overlay Sr B & Bp

HANDLES: 432-6x2- Spt Hdls

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
Dec 20	1951 "On acct	$ 1.00	
June 12	" on acct	$ 150	Government
July 4	" on acct	$ 100	
Sept 12	" on acct	$ 100	
Nov 19	" " full	$ 46	
	" "		

MARTENS—In Sonoma, Calif., November 5, 1951, Hazel L. Martens, dearly beloved wife of Albert Martens of El Verano, beloved sister of Mrs. Beulah E. France and Roy Kennedy of San Francisco; a native of South Africa, aged 46 years.

Friends are invited to attend the funeral services Wednesday, November 7, at 1:30 p. m., from the Chapel of Bates & Evans, Sonoma, California. Interment, I. O. O. F. Cemetery, Santa Rosa.

Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry November 5 1957

Name of Deceased Ernest Brintnall W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence .....

☐ Husband ☐ Wife ☐ Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Paid By L. W. Brintnall (Half Bro.)

Charge to .....

Address 407 Prospect Rd. Berea, Ohio

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation ..... (Social Security Number)

Employer and Address .....

Date of Death Nov. 5, 1957 (Date) (Hour)

Date of Birth .....

Age ..... (Years) (Months) (Days)

Date of Funeral Nov. 6, Tue ..... 2 P. M. (Date) (Day of Week) (Hour)

Services at Church of Christ Santa Rosa

Clergyman Hyde Poplin (Address)

Religion of the Deceased Prod

Birthplace .....

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death C. V. A. Hemorrhage

Contributory Causes Old C.V.A.

.....

Certifying Physician John D. Lopez M.D. (or Coroner)

His Address So. Co. Hospital

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket #80 A Grey (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		7250 3/50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		2.17
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
		2 18
Sales Tax		
Total Footing of Bill	$	147 18
~~Less~~ ..... Checking	$	3 11
Balance	$	150 29
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 28, 1957	" Jewell	$ 150 29	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry Nov 5 1951

Name of Deceased Edward D. Hann W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 1 Box 311 - Sonoma (What Race)

☐ Husband ☐ Wife ☐ Widow } Mary Lena
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mary Lena Hann

Address Above

Order given by Mrs E.D. Hann
(or informant)

How Secured 3051 Sherman St. Pittsburg Calif.

If Veteran, State War No

Occupation Carpenter -
(Social Security Number)

Employer and Address .....

Date of Death Nov 5 1951 (Date) 9:10 P. (Hour)

Date of Birth June 25, 1882

Age 69 (Years) (Months) (Days)

Date of Funeral Nov 8 (Date) Thurs (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev Hall Sonoma (Address)

Religion of the Deceased Prod -

Birthplace Maryland -

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary infarction

Contributory Causes Phlebothrombosis

.....

Certifying Physician Ralph Pietrobono M.D.
(or Coroner)

His Address So. Co. Hospital -

Name of Father Daniel T. Hann

His Birthplace Maryland

Maiden Name of Mother Sarah A. Yingling

Her Birthplace Maryland

Motor Ship } Remains to .....

Size of Casket Protex Metal Sealer
(State Color and Number)

Manufactured by L. F. & G. Co.

Cemetery Crematory } Mt. Cem. Sonoma

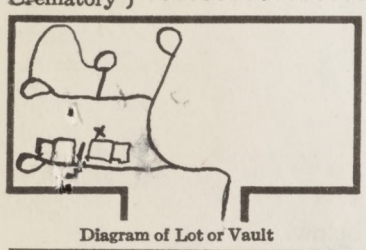

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 82 1	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		60
Slippers, $ ..... Hose, $		4 10
Folding Chairs, $ ..... Tarpaulin, $		15 50
Candelabrum, $ ..... Candles, $		4 25 3
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		65 0
Limousines to Cemetery ..... @ $		17 1
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	00
(State Number and District) Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $ 5 00	$	
Outlay for Lot 2 Pools @ 2 -	4	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	55	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Hall	10	—
Music Peggy Dunbar Marcuccio	10	—
line Death Notices in ..... Papers		
Press Democrat Local (Names of Newspapers)	3	61
Sales Tax	12	77
Total Footing of Bill	$ 936	38
Less 41.80 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date			Amount Paid	Balance	Date		Amount Paid	Balance
		Mrs Jean Canale 3478 Butler Creek, Calif - To Above Balance	$	$		To Balance Forward	Mrs Mary Chester Hann $	$
1-4-52		By Payment statement	$	$	Nov 13, 1951	By on acct	$ 270	$
6/24/52		Letter to Lloyd Hann	$	$	Nov 25, 1951	By Mrs J. Canale	$ 85 —	$
		" "	$	$	Dec 7, 51	C. N. Hann	$ 85 —	$
		" "	$	$	Dec 5, 51	Lloyd E Hann	$ 85 —	$
		" "	$	$	March 14, 52	Lloyd Hann	$ 85 —	$
		" "	$	$	Aug 23 1952	Mrs E D Hann	$ 80	$

Insurance $ ..... Names of Lodges .....

Insurance " " " 40

Companies ..... 40 - 126 38

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... H.D. 86

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed ..... 30 - 56,38

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Sept 5 1952 Mrs Earl Lamb
Nov 14 " " "
Dec - 1952
Jan 5-53
Jan 24, 1953 Mrs Earl Lamb 30 - 26.38
Mar 24, 53 Mrs E.D. Hann 30 - 26.38
April 14, 53 " " "

RECORD OF FUNERAL

Total No............ Yearly No. 1 Date of Entry Nov 8 1951

Name of Deceased Mabel Greeley Simmons W (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma, Calif ☐Husband☐Wife☐Widow or .... of Age of Husband or Wife (if living) .... Years

Charge to L. S. Simmons

Address Above

Order given by .... (or informant)

How Secured ....

If Veteran, State War No

Occupation Housewife No (Social Security Number)

Employer and Address ....

Date of Death Nov 8, 1951 (Date) 1:30 P (Hour)

Date of Birth July 18, 1873

Age 78 (Years) 3 (Months) 20 (Days)

Date of Funeral Nov 10 (Date) Sat (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Dr Buttrum Sonoma (Address)

Religion of the Deceased Prot

Birthplace New Jersey

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death ....

Contributory Causes ....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Geo. A. Greeley

His Birthplace N. York

Maiden Name of Mother Helen A. Hall

Her Birthplace New Hampshire

Motor / Ship } Remains to ....

Size of Casket 4538 Cov 272 (State Color and Number)

Manufactured by S F

~~Cemetery~~ / Crematory } Cypress Lawn Crematorium San Mateo Co

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Complete Funeral (except outlays)	$ 464	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ .... Hair Dressing, $		
Dressing Body, $ .... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ .... Hose, $		232 3
Folding Chairs, $ .... Tarpaulin, $		696
Candelabrum, $ .... Candles, $		
Door Spray, $ .... Gloves, $		
Funeral Car, $ .... Ambulance, $		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation 65.00 permit 2.00	62	00
Flowers, $ .... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ .... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ .... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr Buttrum	10	00
.... line Death Notices in .... Papers Local notice (Names of Newspapers)	3	61
Sales Tax	6	96
Total Footing of Bill	$ 546	57
Less 23.20 - 30 days	$ 23	20
Balance	$ 523	37

Entered into Ledger, page ...... or below.

SIZE 6/6 No. 4538 COV. 272

DESCRIPTION: Sabina of Empress full lined Fringe on Overlay Sr. B & Bp

HANDLES: ~~432~~-6x2- Spt. Hdls

131.5

	Date		Amount Paid	Balance
12-3-51 statement		To Balance Forward		$
		By Payment	$	$
	Dec 8, 1951	march	$ 513 37	$
	Dec 19, 1951 CK for minister dr	J. Hall	$ 10 —	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 8 19 51

Name of Deceased Joseph Michael Guilfoyle

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. 919 Sonoma ☐ Husband ☐ Wife ☐ Widow

or ..... of Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Caroline Guilfoyle

Address Above -

Order given by ..... (or informant)

How Secured no

If Veteran, State War .....

Occupation Stationary Engineer Ret. Social Security No.

Employer and Address Sonoma State Home

Date of Death Nov 8, 1951 (Date) 3:35 P. (Hour)

Date of Birth March 19, 1865 -

Age 86 (Years) 7 (Months) 19 (Days)

Date of Funeral Nov 10 (Date) Sat. (Day of Week) 8:45 A.M. (Hour)

Services at St. Frances Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Lakeville, Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Uremia

Contributory Causes Chr. Pyelonephritis, Lobar Pneumonia, Myocardial Infarction

Certifying Physician Ralph L. Pistoresi M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Patrick Guilfoyle

His Birthplace Ireland -

Maiden Name of Mother Mary Mahad

Her Birthplace Ireland

Motor / Ship } Remains to .....

Size of Casket Gray Doe (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Calvary Cem. Petaluma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt 2 1/3 Zip 40 Zip 40 (State Kind and Color)	3	25
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		16 50
Funeral Car, $ ..... Ambulance, $		31 5
Limousines to Cemetery ..... @ $		16 46 5 3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		4 23 95
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
..... line Death Notices in ..... Papers		
Local Postal (Names of Newspapers)	3	61
Sales Tax	4	85
Total Footing of Bill	$ 374	71
Less	$ 16	15
Balance	$ 358	56

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 8, 51	" Omacet	$ 75 —	$
	" "	$	$	Nov 10, 51	" 1/4 "	$ 283 56	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 12 1951

Name of Deceased Marie Benguerel W
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Rt 1 Bx 46 Kenwood ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Henri Benguerel

Address.....above

Order given by.....
(or informant)

How Secured.....

If Veteran, State War no

Occupation At home no
(Social Security Number)

Employer and Address.....

Date of Death Nov 12, 1951 (Date) 6 a.m. (Hour)

Date of Birth Feb 16, 1865

Age 86 (Years) (Months) (Days)

Date of Funeral Nov 13 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Services at St Frances Church

Clergyman.....
(Address)

Religion of the Deceased Catholic

Birthplace France

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Kenwood

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		15 / 1.69 / 3 / 5.07
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Use of Chapel, $		
	$	65 —
Matting, $		
Temporary Vault, $		
b		25 00
vering Device, $		
ges		
$.... Organist, $		
Aero-plane Service, $		
adio Charges		
Charges		
Taxes		15 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		5 07
Total Footing of Bill	$	433 07
Less 16.15 30 days	$	200 —
Balance on ashes for Balance Godeau	$	633 07
Entered into Ledger, page ....or below.		16 15

$ 200 00 December 12 1951

RECEIVED from Bates & Evans

Two Hundred XX Dollars
100

Address Sonoma California

Service of Henri Benguerel

Julius S. Godeau INC. FUNERAL DIRECTORS

A. Williams

THANK YOU

194

Manufactured by S. F. C. C. (State Color and Number)

Cemetery / Crematory } Catholic Cem. Sonoma Cal.

ashes of Henri Benguerel, buried on top of Grave of Marie 1' from foot of grave

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

SIZE 6/3 No. 9389 Cov. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

	Date		Amount Paid	Balance
To Balance Forward				
By Payment				
" "			616 92	
" "	Dec 10, 1951		Full	
" "				
" "				
" "				
" "				

note Bal on ashes in Claim
Due to be pd to Godeau

11/30/51 Filed with Bank of America - Santa Rosa Trust Dept

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

mailed ck #4176 - Dec 10, 1951 to
JULIUS Godeau - for Ashes 200 00

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 8 19 51

Name of Deceased Joseph Michael Guilfoyle

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. 919 Sonoma ☐ Husband ☐ Wife ☐ Widow

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Caroline Guilfoyle

Address: Above -

Order given by ..... (or informant)

How Secured ..... No.

If Veteran, State War .....

Occupation Stationary Engineer Ret. (Social Security Number) no.

Employer and Address Sonoma State Home

Date of Death Nov. 8, 1951 (Date) 3:35 P. (Hour)

Date of Birth March 19, 1865 -

Age 86 (Years) 7 (Months) 19 (Days)

Date of Funeral Nov. 10 (Date) Sat. (Day of Week) 8:45 A.M. (Hour)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Lakeville, Caly

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Pneumonia

Contributory Causes Chr. Pyelonephritis Lobar Pneumonia; Myocardial insufficiency

Certifying Physician Ralph Pietrobono M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Patrick Guilfoyle

His Birthplace Ireland -

Maiden Name of Mother Mary Mallard

Her Birthplace Ireland

Motor / Ship } Remains to .....

Size of Casket 55 H. Grey Vue (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Calvary Cem. Petaluma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 323	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt 2.75 Tie .40 Shoes 24.10 (State Kind and Color)	3	25
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		16 50
Funeral Car, $ ..... Ambulance, $		31 5
Limousines to Cemetery ..... @ $		16 46 5
Extra Limousines ..... @ $		49 39 5
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel		
..... (Names of Newspapers)	3	61
.....		
.....		
Sales Tax	4	85
Total Footing of Bill	$ 374	71
Less	$ 16	15
Balance	$ 358	56

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 8, 51	" Omacer	$ 75 —	$
	" "	$	$	Nov 10, 51	" 1st "	$ 283 56	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 12 1951

Name of Deceased Marie Benguerel W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 46 Kenwood ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Henri Benguerel

Address.....Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death Nov 12, 1951 (Date) 6 P.M. (Hour)

Date of Birth Feb 16, 1865

Age 86 (Years) (Months) (Days)

Date of Funeral Nov 13 Tue (Date) (Day of Week) 9:30 A.M. (Hour)

Services at St Frances Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace France

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Dr. Robert L. Mollenhauer (or Coroner)

Its Address Sonoma, Cal.

Name of Father Jean Indart

Its Birthplace France

Maiden Name of Mother.....

Her Birthplace France

Motor / Ship } Remains to.....

Size of Casket Grey & Ch. (State Color and Number)

Manufactured by S. F. Co. Co.

Cemetery / Crematory } Catholic Cem. Sonoma, Cal.

ashes of Henri Benguel, buried on top of Isaac & Marie 1' from foot of grave

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		1 54
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		1 69
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		5 07
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot		65 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.... Masso		15 00
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		5 07
Total Footing of Bill	$	433 07
Less 16.15 30 days	$	200 —
Balance on Ashes for Balance Godeau	$	233 07
Entered into Ledger, page.....or below.		16 15

SIZE 6/3 NO. 9389 COV. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

Date		Amount Paid	Balance
	To Balance Forward		6 16 92
	By Payment		
Dec 10, 1951	" " Jull	6 16 92	
	" "		
	" "		
	" "		
	" "		

note Inc. Bal on ashes on Claim
Do. to be pd to " Godeau

11/30/51 Filed with Bank of America - Santa Rosa Trust Dept

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

mailed ck #4176 - Dec 10, 1951 to Julius Godeau - for Ashes 200 00

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 15 1957

Name of Deceased Rose Moreno W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 4th St East Sonoma ☐Husband ☐Wife ☐Widow } John G.

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Madelene Huff

Address 2106 Eagle Ave Alameda

Order given by (or informant) Estate

How Secured

If Veteran, State War No.

Occupation at home no. (Social Security Number)

Employer and Address

Date of Death Nov 15, 1957 (Date) 6:55 P. (Hour)

Date of Birth Oct 27, 1875

Age 76 (Years) 0 (Months) 18 (Days)

Date of Funeral Nov 17 (Date) Sat (Day of Week) 9:30 A. M. (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace San Francisco, Calif

Resided in the State

Place of Death Community Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma

Name of Father Thomas Lapsley

His Birthplace Penn

Maiden Name of Mother Mary McMee

Her Birthplace Penn

Motor Ship } Remains to

Size of Casket Metal 2 ch (State Color and Number)

Manufactured by Hound Casket Co.

Cemetery Crematory } Holy Cross Cem Colma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	755 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 16.00 Jay 489 (State Kind and Color)		16 48
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		37 50
Candelabrum, $ ..... Candles, $		16
Door Spray, $ ..... Gloves, $		39 35 3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		18 00 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		1
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit Colma (State Number and District)		2 00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Holy Cross Charges		56 33
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 -
Casket Spray		15 00
....line Death Notices in ..... Papers		
Calif Posted (Names of Newspapers)		3 61
Examiner		6 30
Sales Tax		11 33
Total Footing of Bill	$	881 05
Less 27.75 30 days'	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-31-58	Filed with attorneys						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
Tobin & Tobin, Attorneys			$	May 15, 58	In full	$881 05	$
Mc Allister & Market St			$		" "	$	$
Hibernia Bank Bldg.		$	$		" "	$	$
	" S. F.	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 24 1951

Name of Deceased Michael Joseph Mullen W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 117 Glen Ellen, Calif. ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Emmet Mullen

Address Above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Grocery Clerk No. (Social Security Number)

Employer and Address

Date of Death Nov. 19, 1951 (Date) 6 P. (Hour)

Date of Birth Oct. 6, 1886

Age 65

Complete Funeral (except outlays)	$ 637	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ 6.5 Underwear, $ 4.50		
Suit or Dress Suit 15 (State Kind and Color) under wear 2.00 Hat 53	18	18
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $	3	18 50
Funeral Car, $ ... Ambulance, $	15	—
	17	65

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

February 1 52

Re;Rose Moreno,Estate

Received of the above named firm, Creditor's Claim, in the amount of, $881.05, for funeral expenses, which I will file against the above named Estate.

Signed.....
Attorney, Rose Moreno, Estate.

Diagram of Lot or Vault

Grave No.....

Section No.....

Block No.....

Owner.....

Total Footing of Bill	$ 775	20
Less 32.60 - 30 days	$ 32	60
Balance	$ 742	60

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-3-51	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 13, 1951	"	$	$
	" "	$	$		" Jarell	$ 742 60	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

76

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 15 1957

Name of Deceased Rose Moreno W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 4th St East Sonoma ☐Husband ☐Wife ☐Widow } John G.

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Madelene Huff

Address 2106 Eagle Ave Alameda

Order given by Est Estate -
(or informant)

How Secured

If Veteran, State War No.

Occupation at home no.
(Social Security Number)

Employer and Address

Date of Death Nov 15, 1957 6:55 P.
(Date) (Hour)

Date of Birth Oct 27, 1875

Age 76 (Years) 0 (Months) 18 (Days)

Date of Funeral Nov 17, (Date) Sat (Day of Week) 9:30 A. M. (Hour)

Complete Funeral (except outlays)	$ 755	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 16.00 Slip 4.87 (State Kind and Color)	16	48
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		37 50
Candelabrum, $ ... Candles, $		16 50
Door Spray, $ ... Gloves, $		39 33 50
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Less 4 1/2 hrs 20 days	$	
Balance	$	

Diagram of Lot or Vault

Block No.....

Owner.....

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-31-58	Filed with attorneys						
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Tobin & Tobin, Attorneys				May 15, 58	In full	$881 05	
Mc Allister & Market St					" "	$	$
Hibernia Bank Bldg.		$	$		" "	$	$
	" S " 7	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 24 1951

Name of Deceased Michael Joseph Mullen W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 117 Glen Ellen, Caly. ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Emmet Mullen

Address: Same

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Grocery Clerk No. (Social Security Number)

Employer and Address .....

Date of Death Nov. 19, 1951 6 P. (Date) (Hour)

Date of Birth Oct. 6, 1886

Age 65 (Years) (Months) (Days)

Date of Funeral Nov. 23, Fri. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:.....

Religion of the Deceased Catholic (Address)

Birthplace Yolo Co. Caly

Resided in the State 65 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Arnold Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father Michael Francis O'Mullen

His Birthplace Ireland

Maiden Name of Mother Mary Jane McDonough

Her Birthplace Folsom Caly

Motor Ship } Remains to.....

Size of Casket Hollywood

Manufactured by Hollywood & Co. (State Color and Number)

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 637	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ 5 Underwear, $		
Suit or Dress Suit 15 under 2.00 (State Kind and Color) Gray 53	18	18
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		3.1850
Door Spray, $..... Gloves, $		15
Funeral Car, $..... Ambulance, $		17.65
Limousines to Cemetery ..... @ $		3 5 1.15 3
Extra Limousines ..... @ $		3 4 5
Autos to R. R. Station ..... @ $		10.5
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
~~Outlay for~~ Lot Basket Spray	25	00
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Nurse	15	00
..... Desmacrat	4	00
.....line Death Notices in..... Papers		
..... Examiner	8	40
(Names of Newspapers)		
..... Posted Local	3	61
4 extra Grave markers @ 3.50	14	—
	10	01
Sales Tax		
Total Footing of Bill	$ 775	20
Less 32.60 - 30 days	$ 32	60
Balance	$ 742	60

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-3-51	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 13, 1951	"	$	$
	" "	$	$		" Jorell	$ 742 60	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

78

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 19 1951

Name of Deceased Carolina Bassetti W

☐ Married ☐ Single ☑ Widowed ☒ Divorced (What Race)

Residence: 613 Broadway Sonoma ☐Husband ☐Wife ☐Widow of Stefano

Charge to: Mrs. Josephine Ritchie Age of Husband or Wife (if living).....Years

Address: 811 So. Davis St. Santa Rosa

Order given by..... (or informant)

How Secured:.....

Complete Funeral (except outlays)	$ 323	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber $ Hair Dressing $		50
Lot No.		
Grave No.	Sales Tax	4 85
Section No.	Total Footing of Bill	$ 444 55
Block No.	Less 10% 30 days	$
Owner	Balance	$
Diagram of Lot or Vault	Entered into Ledger, page ..... or below.	

SOCIETA' ITALIANA DI MUTUA BENEFICENZA

Administration of the Italian Cemetery

MAIN OFFICE: 408 COLUMBUS AVENUE

PHONE YU KON 6-2393

No. 6003

San Francisco 11, Calif., NOV 24 1951

Received of Mrs Josephine Ritchie Residing at 811 So. Davis St Santa Rosa

the sum specified below for burial of Carolina Bassetti (81 yrs)

Born -0- Died -0- in GRAVE VAULT 3 Block No. 100-B

Funeral from the Parlor of Bates & Evans - Sonoma, Cal. will be at the Cemetery

Wed Nov 21 - at 12:00 am

Consent is hereby given for the above mentioned burial.

Owner

Remarks

Interment and Recording Fee	$ 60	00
Burial Box - - - - -	$ 20	00
Tax	$	70
	$ -0-	
Total -	$ 85	70

ITALIAN CEMETERY ASSOCIATION

Secretary

CANESSA PRINT,

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
				Mar. 6, 52	By Payment	444 55	
					" "		
					" "		
					" "		
					" "		
					" "		
1-4-52	Statement						
12-3-51	Statement						

SIZE 6/3 No. 9389 COV. 379

DESCRIPTION: Stephen of Sunray M B & Bp

HANDLES: 362-3x0- Hdls

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 20 19 51

Name of Deceased Louis Boissonneau W.

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Grove St. Cal. Vrans ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: George Boissonneau

Address 814 - 12 St. Oakland -

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Farmer No. (Social Security Number)

Employer and Address.....

Date of Death Nov 22, 1951 - found 6:30 P. (Date) (Hour)

Date of Birth Nov 16, 1881

Age 70 (Years) (Months) (Days)

Date of Funeral Nov 24 Sat 9:30 A. M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman:..... (Address)

Religion of the Deceased Catholic

Birthplace Canada -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		18 4
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		16 9
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		5 07
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (or Coroner's)	1	-
Chapel, $		
$		
Grade	65	-
ing, $		
Vault, $		
	25	-
rice, $		
nist, $		
vice, $		
ges		
	12	50
	5	00
ers		
Casket	3	61
Sales Tax	5	07
Total Footing of Bill	$ 442	68
Less 16 15 = 30 days	$	
Balance	$	

Dec 10, 1951 NO. 07303

RECEIVED FROM Bates & Evans

Last Will & Testament of Louis Boissonneau. DOLLARS

HOW PAID | BALANCE DUE

MR Grunstead atty for George Boissoneau

SUNSET-McKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-30-51	Statement to To Above Balance	$	$		To Balance Forward		$
12-10-51	Filed with Grunstead By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 25-52	" In full	$ 442 68	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

78

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 19 1951

Name of Deceased Carolina Bassetti W
☐ Married ☐ Single ☑ Widowed ☒ Divorced (What Race)

Residence: 613 Broadway Sonoma ☐Husband ☐Wife ☐Widow of Stefano
Age of Husband or Wife (if living).....Years

Charge to: Mrs. Josephine Ruchpe

Address 211 E. South Davis St. Santa Rosa

Order given by.....
(or informant)

How Secured:.....

Is Veteran, State War No.....

Occupation at home No.....
(Social Security Number)

Father and Address.....

Death Nov 19, 1951 (Date) 3:20 P. (Hour)

Birth March 22, 1870

81
(Years) (Months) (Days)

Funeral Nov 21, (Date) Wed- (Day of Week) 10 A. M. (Hour)

at: St Francis

Man:.....
(Address)

Home of the Deceased Calistoga

Native Switzerland
(or U. S. or City or County) (Years) (Months)

Resided in the State.....

Place of Death Broadway Rest Home

Cause of Death Coronary Occlusion

Contributory Causes.....

Attending Physician Vernon Silvershield
(or Coroner)

Address Santa Rosa, Calif.

Father Baptista Baretti

Birthplace Switzerland

Maiden Name of Mother Carolina

Birthplace Switzerland

Remains to.....

Casket Drap. ½ Ch.
(State Color and Number)

Furnished by F. J. F. Co.

Italian Clm. Ass. Mates

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $.....	
Dressing Body, $..... Underwear, $.....	16 50
Suit or Dress (State Kind and Color)	3
Slippers, $..... Hose, $.....	42 50
Folding Chairs, $..... Tarpaulin, $.....	
Candelabrum, $..... Candles, $.....	
Door Spray, $..... Gloves, $.....	
Funeral Car, $..... Ambulance, $.....	
Limousines to Cemetery ..... @ $.....	
Extra Limousines ..... @ $.....	10 00
Autos to R. R. Station ..... @ $.....	
Getting Remains from:.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $.....	
Gross Total for Sales Tax..... $	
Outlay for Lot Charges at Italian Cem	81 70
Cremation + City by Colma 2.00	
Flowers, $..... Palms, $..... Matting, $.....	
Rental of Tent, $.... of Temporary Vault, $.....	
Opening of Grave or Tomb.....	
Lining Grave, $..... Lowering Device, $.....	
Outlay for Shipping Charges.....	
Clergyman, $..... Singers, $..... Organist, $.....	
Railroad or Motor Tickets, $..... Aeroplane Service, $.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service..... Mass	15 00
.....line Death Notices in..... Papers	
(Names of Newspapers)	
..... Democrat	4 00
Sales Tax	4 85
Total Footing of Bill..... $	444 55
Less 16.15 30 days $	
Balance..... $	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
				Mar. 6, 52	By Payment	$ 444 55	
					" "		
					" "		
					" "		
					" "		
					" "		
1-4-52	Statement						
12-3-51	Statement						

SIZE 6/3 No. 9389 Cov. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 20 19 51

Name of Deceased Louis Boissonneau W.

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Grove St. Cl. Ukiah

Charge to: George Boissonneau ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Address 814 - 12 St. Oakland -

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Farmer No. (Social Security Number)

Employer and Address

Date of Death Nov 22, 1951 - Found 6:30 P. (Date) (Hour)

Date of Birth Nov 16, 1881

Age 70 (Years) (Months) (Days)

Date of Funeral Nov 24 Sat 9:30 A. M. (Date) (Day of Week) (Hour)

Services at: St. Frances

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Complete Funeral (except outlays)	$	308 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		169
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		507
Funeral Car, $ ..... Ambulance, $		5
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		1 —
Certif. Copies of Death Certificates No. (or Coroner's)		
Chapel, $		
$		
Grade		65 —
ing, $		
Vault, $		
		25 —
ice, $		
nist, $		
vice, $		
es		
		15 50
		5 00
ers		
sales tax		3 61
Sales Tax		5 07
Total Footing of Bill	$	442 68
Less 16: 15 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Dec 10, 1951 NO. 07303

RECEIVED FROM Bates & Evans

The Last Will & Testament of Louis Boissonneau. DOLLARS

M R Grunstead atty for George Boissonneau

$ ..... HOW PAID ..... BALANCE DUE .....

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date		Amount Paid	Balance	Date		Amount Paid	Balance
X-20-51	Statement to						
12-10-51	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 25-52	In full	442 68	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

78

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 19 1951

Name of Deceased Carolina Bassetti W

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: 613 Broadway Sonoma ☐Husband ☐Wife ☐Widow of Stefano

Charge to: Mrs. Josephine Ruchye Age of Husband or Wife (if living).....Years

Address 211 E. South Davis St Santa Rosa

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.....

Station at home no (Social Security Number)

Minister and Address.....

Death Nov 19 1951 (Date) 3:20 P. (Hour)

Birth March 12, 1870

81 (Years) (Months) (Days)

Funeral Nov 21, (Date) Wed- (Day of Week) 10 a. M. (Hour)

Church at: St Frances

Organization:.....

Residence of the Deceased Calistoga (Address)

Born in Switzerland

How long in the State..... (or U. S. or City or County) (Years) (Months)

Cause of Death Broadway Rest Home:

Contributory Death Coronary Occlusion

Contributory Causes.....

.....

Attending Physician Vernon Silvers (or Coroner)

Address Santa Rosa, Ca

Name of Father Baptista Bassetti

Birthplace Switzerland

Name of Mother Carolina

Birthplace Switzerland

Remains to.....

Casket Disp. #2 Ch. (State Color and Number)

Figured by A. F. Co. Co.

Italian Clm. Ass.

Complete Funeral (except outlays)	$ 323	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		16 50
Suit or Dress (State Kind and Color)		3
Slippers, $..... Hose, $		4 84 50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $	10	00
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service @		
Sales Tax	4	85
Total Footing of Bill	$ 444	55
Less 16.15 30 days	$	
Balance	$	

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Entered into Ledger, page.....or below.

SIZE 6/3 No. 9389 Cov. 379

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0- Hdls

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
				Mar 6, 52	By Payment	444 55	
					" "		
					" "		
					" "		
					" "		
					" "		
1-4-52	Statement						
12-3-51	Statement						

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 20 19 51

Name of Deceased Louis Boissonneau W.

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Grove St. El Verano ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: George Boissonneau

Address 814 - 12 St. Oakland -

Order given by..... (or informant)

How Secured:

If Veteran, State War no.

Occupation farmer no. (Social Security Number)

Employer and Address

Date of Death Nov 22, 1951 - found 6:30 p. (Date) (Hour)

Date of Birth Nov 16, 1881

Age 70 (Years) (Months) (Days)

Date of Funeral Nov 24 Sat 9:30 a. M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Canada -

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Left Ventricle Rupture

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

Its Address Santa Rosa, Caly

Name of Father Octave Boissonneau

Its Birthplace Canada

Maiden Name of Mother Aglea Blenchet

Her Birthplace Canada -

Mortuary / Crematory } Remains to

Style of Casket #95 H. Grey Doe (State Color and Number)

Manufactured by Golden Gate Co. Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box	15	-
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress	15	
(State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $	16	9
Candelabrum, $ ... Candles, $		3
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $	50	7
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
1 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	1	-
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... One Grave	65	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mass	15	00
Casket Spray	5	00
... line Death Notices in ... Papers		
Local - Pasted (Names of Newspapers)	3	61
Sales Tax	5	07
Total Footing of Bill	$ 442	68
Less 16: 15 - 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-20-51	Statement to				To Balance Forward		
12-10-51	To Above Balance Filed with Grim Lead				By Payment		
	By Payment			Jan 25-52	" " In full	$442 68	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

80

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 3 1951

Name of Deceased Clara Estelle Adams W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 947 Ripley St. Santa Rosa ☐Husband ☐Wife ☐Widow of ..... Bert E.

Charge to: Bert E. Adams Age of Husband or Wife (if living).....Years

Address Above

Order given by Mrs Shelly - daughter - (or informant)

How Secured:

If Veteran, State War No

Occupation At home No (Social Security Number)

Complete Funeral (except outlays)	$ 235	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		11 50
Suit or Dress		3 52 50
		40 00
Outlay for Lot		
Cremation Watsonville Cem		86 35
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev Terrell		10 00
Music — Dunbar-Maccucci		10 —
line Death Notices in ..... Papers		
Valley Times Herald (Names of Newspapers)		2 00
Sales Tax		3 53
Total Footing of Bill	$	387 88
Less 11.75 - 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

WELTI FUNERAL SERVICE
FUNERAL DIRECTORS AND EMBALMERS

No 7755

Santa Rosa, Cal. June 16 195 2

Received of Jewell R. Evans

Thirty Five 00/100 $ 35 00/100

For Adams Acct

WELTI FUNERAL SERVICE

BY P C Bell

Contributory Causes.....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Daniel Rasa

His Birthplace Unk.

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Watsonville, Cal.

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } Watsonville, Cal.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe

6/10/52 Letter to Mrs Shelly -

DESCRIPTION: Lined Sunray

HANDLES: 382- Hdls

Date		Amount Paid		Balance
	To Balance Forward			
	By Payment			
	" "			
	" "	100	—	
Dec 8, 1951	" " "	60	—	
Dec 12 1951	" Alberta Moore	10	—	
March 5, 1952	" Lea Shelley	150		
July 3 52	" "			
July 3, 52	" Bert Adams	67	88	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 11 19 51

Name of Deceased Paride Basaglia (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence W. Napa St. Sonoma, Cal. ☐Husband ☐Wife ☐Widow of Amelia

Charge to: Mrs. Amelia Basaglia

Address P.O. Bx. 1021 Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Ret. Cement Contractor no (Social Security Number)

Employer and Address

Date of Death Dec 11, 1951 (Date) 1:55 P. (Hour)

Date of Birth January 17, 1880

Age 71 (Years) 10 (Months) 24 (Days)

Date of Funeral Dec 14 (Date) Fri (Day of Week) 10 A.M. (Hour)

Services at: St. Frances

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carro

His Address Sonoma,

Name of Father Louis

His Birthplace Italy

Maiden Name of Mother Ag

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket Taupe

Manufactured by Suttes (State)

Cemetery / ~~Crematory~~ } Mt. W. Cemet

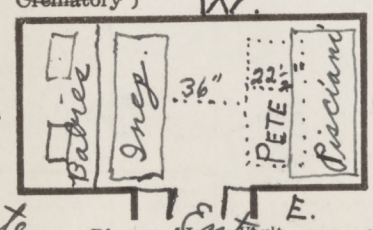

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 383	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		19150
Slippers, $ ... Hose, $		15
Folding Chairs, $ ... Tarpaulin, $		20650 3
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		1950
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
t. (State Number and District)	5	00
th Certificates No. (State Physician's or Coroner's)		
.. Use of Chapel, $		
ax ... $		
$ .... Matting, $		
Temporary Vault, $		
omb	50	—
owering Device, $		
arges		
rs, $ .... Organist, $		
... Aero-plane Service, $		
Radio Charges		
r's Charges		
	15	—
in .... Papers		
al, Postal	3	61
(ewspapers)		
macerat	4	00
	6	30
$	481	81
days $	19	90
Balance $	461	91
ge. / . . or below. /	462	91

RECEIVED FROM Dec 14 1951 NO. 07304

Estate of Paride Basaglia, deceased

Four Hundred Sixty Two & 91/100 DOLLARS

$

HOW PAID

BALANCE DUE

SUNSET-MCKEE CO. OAKLAND LOS ANGELES

FORM NO. 55

note ↓

Pete's box was set

The Pisciani vault

which leaves 36" x

" " "

Pete and Inez "

south side of Petes "

just 22½" from south side of

Pisciani cement slab.

12-30-52 statement

Date		Amount Paid		Balance	
	To Above Balance				
	By Payment				
	ance Forward				
	ment				
	r Full	$ 462	90		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

80

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 3 1951

Name of Deceased Clara Estelle Adams (What Race) W

☒ Married ☑ Single ☐ Widowed ☐ Divorced

Residence: 947 - Ripley St. Santa Rosa ☐Husband☐Wife☐Widow } or.....of } Bert E.

Charge to: Bert E. Adams

Address Arbogast

Order given by Mrs Shelly - daughter (or informant)

How Secured:

If Veteran, State War No

Occupation At home no (Social Security Number)

ployer and Address

e of Death Dec. 3, 1951 1:15-A (Date) (Hour)

e of Birth January 20, 1868

68 (Years) (Months) (Days)

e of Funeral..... M. (Date) (Day of Week) (Hour)

ices at:

gyman: (Address)

gion of the Deceased C

hplace California

ded in the State (or U. S. or City or County) (Years) (Months)

e of Death. Home

e of Death:

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Caly

Name of Father. Daniel Rasp

His Birthplace Unk

Maiden Name of Mother

Her Birthplace:

Motor Ship } Remains to Watsonville, Caly

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } Watsonville Caly

Diagram of Lot or Vault

Lot No. 1

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 235	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		11 75 3
Slippers, $ ... Hose, $		3 52 50
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to Watsonville	40	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation Watsonville Cem	86	35
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev Terrell	10	00
Music - Dunbar-Maccucco	10	-
...line Death Notices in ... Papers		
Valley Times Herald (Names of Newspapers)	3	00
Sales Tax	3	53
Total Footing of Bill	$ 387	88
Less 11.75 - 3 dozen	$	
Balance	$	
Entered into Ledger, page ... or below.		

SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe

6/10/52 Letter to Mrs Shelly -

DESCRIPTION: Lined Sunray

HANDLES: 382- Hdls

Date		Amount Paid		Balance
	To Balance Forward			
	By Payment			
	" "			
Dec 8, 1951	" Grace	$ 100	-	
Dec 12, 1951	" " " Alberta Moore	$ 60	-	
March 5, 1952	" Mrs Shelley	$ 10		
April 3 52	" "	$ 150		
July 3, 52	" Bert Adams	$ 67	88	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ...

Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry Dec 11 19 51

Name of Deceased Paride Basaglia — W. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence W. Napa St. Sonoma, Cal. — ☐Husband ☐Wife ☐Widow or .... of } Amelia — Age of Husband or Wife (if living)........Years

Charge to: Mrs. Amelia Basaglia

Address P.O. Bx 1021 Sonoma —

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Ret. Cement Contractor — no (Social Security Number)

Employer and Address

Date of Death Dec 11, 1951 (Date) 1:55 P. (Hour)

Date of Birth January 17, 1880

Age 71 (Years) 10 (Months) 24 (Days)

Date of Funeral Dec 14 (Date) Fri (Day of Week) 10 a. M. (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic —

Birthplace Italy —

Resided in the State (or U. S. or ...

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carro...

His Address Sonoma, ...

Name of Father Louis ...

His Birthplace Italy

Maiden Name of Mother Aga...

Her Birthplace Italy —

Motor Ship } Remains to

Size of Casket Taupe

Manufactured by Sutter...

Cemetery Crematory } Mt. Cemet...

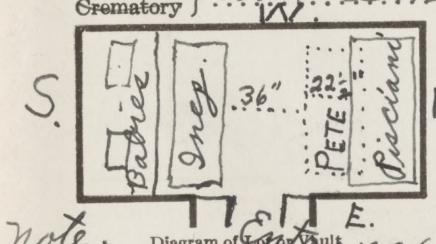

Diagram of Lot or Vault

note. ↓ Pete's box was set ... the Pisciani vault ... which leaves "36" ... Pete and Inez. ... south side of Petes ... just 22½" from south side of Pisciani cement slab.

12-30-52 - statement

Complete Funeral (except outlays)	$ 383	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
...t (State Number and District)	5	00
...th Certificates No. (State Physician's or Coroner's)		
... Use of Chapel, $		
...ax	$	
$ ... Matting, $		
Temporary Vault, $		
...omb	50	—
...owering Device, $		
...arges		
...rs, $ ... Organist, $		
Aero-plane Service, $		
Radio Charges		
...r's Charges		
... mass	15	—
...in ... Papers		
...al, Pastid	3	61
(Newspapers) ... moccrat	4	00
	6	20
	$ 481	81
... days	$ 19	90
Balance	$ 461	91
...ge 1 ... or below. C.C.	462	91

Margin calculation: 191 50 / 15 / 206 50 / 3 / 61 950

Date			Amount Paid		Balance	
	To Above Balance	...nce Forward			$	
	By Payment	...ent ... full	$		$	
	"		$ 462	90	$	
	"		$		$	
	"		$		$	
	"		$		$	
	"		$		$	
	"		$		$	

Receipt (attached): RECEIVED FROM Bates & Evans — Dec 14 1951 — NO. 07304 — DOLLARS — For Padre Basaglia (deceased) — $ — HOW PAID — BALANCE DUE — SUNSET-McKEE CO. OAKLAND LOS ANGELES — FORM NO. 55

Insurance $........ Names of Lodges........ Insurance Companies........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of ....% per annum.

Signed........

Witness........ Address........

Compiled by F. J. FEINEMAN. St. Louis, Mo.

80

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 3 1951

Name of Deceased Clara Estelle Adams — W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 947 Ripley St. Santa Rosa ☐Husband☐Wife☐Widow } Bert E.

Charge to: Bert E. Adams or.....of

Address Abapaw Age of Husband or Wife (if living).....Years

Order given by Mrs Shelly - daughter - (or informant)

How Secured:

If Veteran, State War No

Occupation At home no (Social Security Number)

Employer and Address

Date of Death Dec 3, 1951 1:15-A (Date) (Hour)

Date of Birth January 20, 1868

78 (Years) (Months) (Days)

Time of Funeral.....M. (Date) (Day of Week) (Hour)

Services at:

Clergyman: (Address)

Religion of the Deceased C

Birthplace Calyarnia

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes

Certifying Physician Vernon Ashersheld (or Coroner)

His Address Santa Rosa, Caly

Name of Father Daniel Rass

His Birthplace Unk.

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to Watsonville, Caly

Size of Casket (State Color and Number)

Manufactured by:

Cemetery / Crematory } Watsonville, Caly

Diagram of Lot or Vault

Lot No. 1

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 235	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		11 50
Slippers, $ ..... Hose, $		3 50
Folding Chairs, $ ..... Tarpaulin, $		3 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Watsonville		40 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation Watsonville Cem		86 35
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Ken Terrell		10 00
Music — Dunbar-Marcucci		10 —
line Death Notices in ..... Papers		
Valley Times Herald (Names of Newspapers)		3 00
Sales Tax		3 53
Total Footing of Bill	$	387 88
Less 11.75 - 30 days!	$	
Balance	$	

Entered into Ledger, page .....or below.

SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe

6/10/52 Letter to Mrs Shelly -

DESCRIPTION: Lined Sunray

HANDLES: 382- Hdls

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
	" "		
Dec 8, 1951	" "	100 —	
Dec 12, 1951	" " "	60 —	
March 5, 1952	Alberta Moore	10 —	
July 3, 52	Lea Shelley	150	
July 3, 52	" Bert Adams	67 88	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 11 1951

Name of Deceased Paride Basaglia W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence W. Napa St. Sonoma, Cal Widow { Amelia

Charge to: Mrs. Amelia Basaglia Age of Husband or Wife (if living).....Years

Address P.O. Bx. 1021 Sonoma

Order given by..... (or informant)

How Secured: :

If Veteran, State War No.:

Occupation Ret. Cemetery Contractor (Social Security N

Employer and Address .....

Date of Death Dec 11, 1951 (Date)

Date of Birth January 17, 1880

Age 71 (Years) 10 (Months) 2 (D

Date of Funeral Dec 14 Thu (Date) (Day of Week)

Services at: St. Francis

Clergyman: :

Religion of the Deceased Catho

Birthplace Italy

Resided in the State ..... (or U. S. or C

Place of Death Home

Cause of Death .....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Louis Basaglia

His Birthplace Italy

Maiden Name of Mother Agata Paltroniere

Her Birthplace Italy

Motor / Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. W. Cemetery Sonoma.

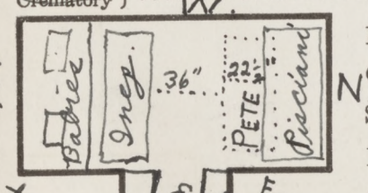

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Flowers, $	Matting, $	
Rental of Tent, $	Temporary Vault, $	
Opening of Grave or Tomb		50 —
Lining Grave, $	Lowering Device, $	
Outlay for Shipping Charges		
Clergyman, $	Singers, $	Organist, $
Railroad / or Motor } Tickets, $	Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in	Papers	
Local, Posted		3 61
(Names of Newspapers) Democrat		4 00
Sales Tax		6 20
Total Footing of Bill	$	481 81
Less 19.90 30 days	$	19 90
Balance	$	461 91
Entered into Ledger, page 1 or below. 1		462 91

Note ↓ Pete's box was laid under the Pisciani South which leaves "36" space between Pete and Inez "7" south side of Pete's box is just 22½" from south side of Pisciani cement slab.

12-30-52 statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Jan 14 52	By Payment In full	$ 462 90	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 14 1951

Name of Deceased Ugo aka Hugh Hugo A. Sperring W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 35 Sonoma, Calif ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: John Sperring

Address P.O. Bx 601 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation Gardner (Social Security Number)

Employer and Address .....

Date of Death Dec. 14, 1951 (Date) 2145-9 (Hour)

Date of Birth Jan. 4, 1900

Age 51 (Years) (Months) (Days)

Date of Funeral Dec. 17, Mon (Date) (Day of Week) 2 P.M. (Hour)

Services at: Chapel

Clergyman: Allan Ferrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Finland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma, Calif

Cause of Death: Carcinoma of liver

Contributory Causes: Bronchopneumonia

Sept. Lung

Certifying Physician Wm. H. Hollingsworth M.D. (or Coroner)

His Address Napa State Hospital

Name of Father Matt Sperring

His Birthplace Finland

Maiden Name of Mother Anna Sperring

Her Birthplace:.....

Motor Ship } Remains to.....

Size of Casket 95 H. Grey Doe (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Com. Sonoma, Calif

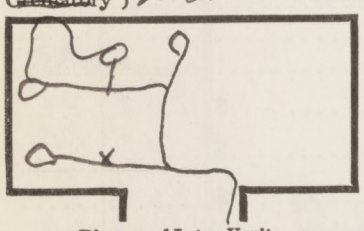

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	308
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		15 —
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		16 3
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		5 07
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		45 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Ferrell		10 —
organ music only		5 —
....line Death Notices in..... Papers		
Local Posted (Names of Newspapers)		3 61
Examiner		4 00
Sales Tax		5 07
Total Footing of Bill	$	400 68
Less 1.6.15: 30 days	$	16 15
Balance	$	384 53

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-30-51	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 10 52	" In full	$ 384 53	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

date of death -

Total No..... Yearly No..... Date of Entry Nov. 27 19 57

Name of Deceased Jack Cernic W

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Transient -

☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: County of Sonoma -

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War Unk -

Occupation Laborer Unk. (Social Security Number)

Employer and Address .....

Date of Death Nov. 27, 1957 11 P. (Date) (Hour)

Date of Birth. Unknown

Age. about 70 yrs - (Years) (Months) (Days)

Date of Funeral. Dec 13 - Thurs. 9:30 A. M. (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Priest Sonoma (Address)

Religion of the Deceased. Catholic -

Birthplace Unk -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes. Generalized Arteriosclerosis

Senility

Certifying Physician. James Luke M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket Stained Casket - (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		27.69
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		8.30
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Priest at Grave		5.00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$	76 20
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
12-20-57	Filed With Social Service		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Jan 8, 1958	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 14 1951

Name of Deceased Clarence Grace Miller W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Box 294 El Verano, Calif. ☐Husband ☐Wife ☐Widow } Clayton

Charge to Mrs. Owen Fike (daughter) or ..... of Age of Husband or Wife (if living) ..... Years

Address above

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No

Occupation Janitor

Employer and Address El Verano School (Social Security Number)

Date of Death Dec 14, 1951 (Date) 6:20 P. (Hour)

Date of Birth Oct 31, 1894

Age 57 (Years) 1 (Months) 13 (Days)

Date of Funeral Dec 17 (Date) mon. (Day of Week) 1.0 a.m. (Hour)

Services at: Chapel

Clergyman: Rev. Buthrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death El Verano School

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Rose Creighton

His Birthplace Ireland

Maiden Name of Mother Mary Elizabeth Harmer

Her Birthplace Canada

Motor Ship } Remains to .....

Size of Casket Steel (State Color and Number)

Manufactured by .....

Cemetery Crematory } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		16 50
Slippers, $ ..... Hose, $		3/ 8 45
Folding Chairs, $ ..... Tarpaulin, $		4 -
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Buthrum	10	-
Organ, Marriage	5	00
line Death Notices in Papers		
Local, Posted (Names of Newspapers)	3	61
	4	85
Sales Tax		
Total Footing of Bill	$ 346	46
Less 16, 15% 30 days	$ 16	15
Balance	$ 330	31

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-30-51	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 2, 52	In Full	330 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 15 19 57

Name of Deceased Christopher William Coops

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sheppard Air Force Base Texas ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Bill Coops

Address.... above - or (Harry Coops)

Order given by (Dorothy + Harry masden) (or informant)

How Secured.....

If Veteran, State War.....

Occupation.... none (Social Security Number)

Employer and Address.....

Date of Death Dec 15, 1957 (Date) 10:05 a. (Hour)

Date of Birth. Dec 5, 1957

Age..... (Years) 10 (Months) (Days)

Date of Funeral. Dec 21 Friday 10a M.

SHIP-IN- No Chg- Father in Service

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
		5 00

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 10550

RECEIVED FROM M Ernest Evans Santa Rosa, California, Dec 21, 1957

Crematorium Services For Sonoma, Calif Christopher Coops	10	00	12 57
Memorial Section --including endowment fund deposit-- Babyland Tier No.	10	00	10 00
Urn Copper Chest Sales Tax 07	2	57	
Flower Service { Twice / Once } Each Week, from to			
{ Rental / Care } from to Engraving Permit			
Total	22	57	
Credits			
Received Twenty two and 57/100 Dollars	22	57	
Present Balance			
CALIFORNIA CREMATORIUM Per E E Jones			10 —
			5 00
Manufactured by Owens-Brumley Funeral Home ...line Death Notices in ... Papers			
Cemetery / Crematory } Chapel of the Chimes Santa Rosa (Marcucci) ... Organ (Names of Newspapers)			5 00
Lot No..... Sales Tax No Tax			
Grave No..... Total Footing of Bill			42 57
Section No..... Less			
Block No..... Balance			
Owner..... Entered into Ledger, page.....or below.			

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment			Dec 28 57	By Payment In full	42 57	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 14 1951

Name of Deceased Florence Grace Miller W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Box 294 El Verano, Calif. ☐Husband ☐Wife ☐Widow } Clayton

Charge to Mrs. Owen Fike (daughter) or.....of } Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Janitor

Employer and Address El Verano School (Social Security Number)

Date of Death Dec 14, 1951 (Date) 6:20 P. (Hour)

Date of Birth Oct 31, 1894

Age 57 (Years) 1 (Months) 13

Date of Funeral Dec 17 (Date) mon. (Day of Week)

Services at: Chapel

Clergyman: Rev. Buthrum

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State (or U.S. or City or Count

Place of Death El Verano S.

Cause of Death:

Contributory Causes

Certifying Physician Carroll Lo (or Coron

His Address Sonoma, Ca

Name of Father Jose Greg

His Birthplace Ireland

Maiden Name of Mother Mary Eliz

Her Birthplace: Canada C.

Motor / Ship } Remains to

Size of Casket Grey 6 C (State Color and Number)

Manufactured by J. F. & G. Co.

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 323	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		16 50
Slippers, $ ... Hose, $		1 75
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		4 50
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Organist		
...line Death Notices in ... Papers	3	61
Local, Posted (Names of Newspapers)		
Sales Tax	4	85
Total Footing of Bill	$ 346	46
Less 16, 15% 30 days	$ 16	15
Balance	$ 330	31

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-30-51	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 2, 52	In Full	330 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 15 19 57

Name of Deceased Christopher William Coops

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sheppard Air Force Base Texas ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Bill Coops

Address.... above - or Harry Coops

Order given by Dorothy + Harry masters (or informant)

How Secured.....

If Veteran, State War.....

Occupation.... none (Social Security Number)

Employer and Address.....

Date of Death Dec 15, 1957 10:05 P. (Date) (Hour)

Date of Birth. Dec 5 1957

Age..... 10 (Years) (Months) (Days)

Date of Funeral. Dec 21 Friday 10 A. M. (Date) (Day of Week) (Hour)

ices at Chapel

gyman. Rev Olan Ferrell Sonora (Address)

gion of the Deceased. Prod -

hplace Wichita Falls, Texas

ided in the State. Life (or U. S. or City or County) (Years) (Months)

e of Death Sheppard Air Force Base Hospital

se of Death Subtentorial Hemorrhage

tributory Causes. Birth Trauma

lateral Broncho-pneumonia

tifying Physician Charles D. Ross USAF MC (or Coroner)

Address Wichita Falls Texas, Air Base

me of Father W. W. Coops

Birthplace.... California

iden Name of Mother. Helene Wilson

r Birthplace... California

tor } Remains to Shipped in from -
e } (State Color and Number)

e of Casket..... Wichita Falls -

Manufactured by From Owens - Brumley Funeral Home

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

SHIP-IN- No Chg - Father in Service		
Complete Funeral (except outlays) $		
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	~~5 00~~	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot. Babyland	12	57
Cremation	10	00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev Ferrell	10	-
Singer, Peggy Dunbar	5	00
line Death Notices in ... Papers		
(Marcucci) ... Organ	5	00
(Names of Newspapers)		
Sales Tax No Tax -		
Total Footing of Bill $	42	57
Less $		
Balance $		
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Dec 28 57	By Payment In full	$ 42 57	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry Dec 27 1951

Name of Deceased Samuel John Johnstone W.

☑ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Glen Ellen, Cal. ☐ Husband ☐ Wife ☐ Widow of Name

Charge to: E. O. Johnstone Age of Husband or Wife (if living) Years

Address 525 Dewey Blvd. S.F. Montrose 4-4493

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Ret. Telegrapher No. (Social Security Number)

Employer and Address

Date of Death Dec. 27, 1951 (Date) 9:50 P. (Hour)

Date of Birth Dec. 1, 1858

Age 93 (Years) (Months) (Days)

Date of Funeral Dec. 30 (Date) Mon. (Day of Week) 3 P. M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father

His Birthplace

Maiden Name of Mother Georgina Batterell

Her Birthplace Canada

Motor / Ship } Remains to

Size of Casket #80 Steel Grey (State Color and Number)

Manufactured by: Golden State Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

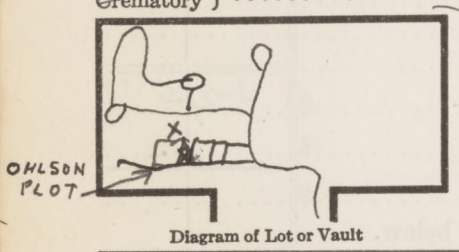

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		7 50
Slippers, $ ... Hose, $		15
Folding Chairs, $ ... Tarpaulin, $		8 50
Candelabrum, $ ... Candles, $		3
Door Spray, $ ... Gloves, $		2 50
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		2
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		50 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. No. Musical.		
Minister —		10 00
... line Death Notices in ... Papers		
No notices. — (Names of Newspapers)		
Casket Spray		15 00
Sales Tax		2 63
Total Footing of Bill	$	242 63
Less 8.00 30 days	$	8 00
Balance	$	234 63

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-30-51	Statement				To Balance Forward		
	To Above Balance	$	$	Dec. 30, 1951	By Payment	$	$
	By Payment	$	$		" "	$ 234 63	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 29 1951

Name of Deceased Arthur Foy W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sebastiapi Hotel - Sonoma ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Silversheild, Coroner

Address Santa Rosa, Caly

Order given by Abonee (or informant)

How Secured

If Veteran, State War No

Occupation Barber (Social Security Number)

Employer and Address

Date of Death Dec 29 1951 (Date) 8:30 P.M. (Hour)

Date of Birth April 16, 1888

Age 62 (Years) (Months) (Days)

Date of Funeral Jan 3, 1952 (Date) Thurs (Day of Week) 10:30 A.M. (Hour)

Services at Jan 3, 1952 Chapel -

Clergyman Rev Bailey D Lipsky (Address)

Religion of the Deceased Presb

Birthplace England

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Pulmonary Tuberculosis

Contributory Causes Aplastic Anemia

Certifying Physician Ralph Pietrobons M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Thomas Foy

His Birthplace England

Maiden Name of Mother Mary Ann

Her Birthplace England

Motor Ship } Remains to 1909 - H.P. - Cov. 87

Size of Casket 6/5 Casket Co. (State Color and Number)

Manufactured by

Cemetery Crematory } Chapel & the Chimes D.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) $	488 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	24 4
Folding Chairs, $ Tarpaulin, $	3
Candelabrum, $ Candles, $	7 32
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation - Filed by Chapel & the Chimes	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	10 -
Railroad or Motor } Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service, Rev Lipsky	10 -
Music - Terrace - Blanchett	
line Death Notices in Papers	
Flowers - 25 - Filed by Dorothy -	
(Names of Newspapers) Examiner	3 36
Local	3 61
Sales Tax	7 32
Total Footing of Bill $	522 29
Less 24.40 - 30 days $	
Balance $	

Entered into Ledger, page.....or below.

Date			Amount Paid		Balance	
		To Balance Forward			$	
Feb 6, 52		By Payment in full	$ 522	29	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

SIZE 6/5 No. 1909 - H.P Cov. 87

DESCRIPTION: Sabins Panel & Pillow
Full lined Bianca Cr. Velvey

HANDLES: Eggshell Sr, B & Bp
7300-6x2- NT Hdls & Corners

1 - 25 - 52 " " Filed With Funeral

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 15 1951

Name of Deceased Ida B. Thompson - W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 11 B Glenn Ellen - ☐Husband ☐Wife ☐Widow or.....of Geo. W. Thompson -

Charge to Geo. W. Thompson Age of Husband or Wife (if living).....Years

Address Above -

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation Housewife no (Social Security Number)

Employer and Address.....

Date of Death Dec 15, 1951 - 3:45 A - (Date) (Hour)

Date of Birth Feb 18, 1889

Age 61 (Years) (Months) (Days)

Date of Funeral Feb 18 1952 Tue 2 P. M. (Date) (Day of Week) (Hour)

Services at Graveside

Clergyman C. C. Champlin Sonoma (Address)

Religion of the Deceased Prod -

Birthplace Kentucky -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Lone Oak Rest Home Santa Rosa

Cause of Death Cerebral Vascular Accident

Contributory Causes Arteriosclerosis

.....

Certifying Physician Thomas M. Jorgenson M.D. (or Coroner)

His Address 501 College Ave S R

Name of Father Welldon Burd

His Birthplace.....

Maiden Name of Mother Mary E Richardson

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co

Cemetery Crematory } Thompson Private Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 383	-
Casket		
Burial Vault or Box (State Kind)	135	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		19 50
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		1 50
Candelabrum, $..... Candles, $		206 53
Door Spray, $..... Gloves, $		1950
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	55	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev C Champlin	10	-
....line Death Notices in..... Papers (Names of Newspapers) Democrat	4	00
Sales Tax	6	20
Total Footing of Bill	$ 473	20
Less 19 90 - 30 days	$ 19	90
Balance	$ 453	30

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-4-52	Statement						
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 8 1952	" Jnl	453 30	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

SIZE

DESCR

HAND

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 4 19 52

Name of Deceased Thomas Henry Gilbert W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 46, Sonoma, Caly ☐ Husband ☐ Wife ☐ Widow } Mary

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Thomas W. Gilbert

Address P.O. Bx 46 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation Ret. Miner (Social Security Number)

Employer and Address .....

Date of Death Jan 4, 1952 (Date) 4:45 P. (Hour)

Date of Birth Jan 6, 1872

Age 79 (Years) (Months) (Days)

Date of Funeral Jan 7, 1952 (Date) Mon. (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Rev. Terrell (Address) Sonoma

Religion of the Deceased Prod.

Birthplace California

Resided in the State ..... (or U. S. or City or County) (Years), (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Anthracosis Pulmonary

Contributory Causes .....

.....

Certifying Physician Ralph Pietrobona (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Thomas Gilbert

His Birthplace England

Maiden Name of Mother Phyllis Kitto

Her Birthplace England

Motor Ship } Remains to .....

Size of Casket 9405 Slip Cap (State Color and Number)

Manufactured by A. J. Casket Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$	235 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		11 50
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		3 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to ..... c/c		1 00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Terrell		10 —
Music, Joan Ruggles		10 —
.... line Death Notices in ..... Papers		
Local Posted		3 61
(Examiner Bell to Tommy) (Names of Newspapers)		
		3 53
Sales Tax		
Total Footing of Bill	$	308 14
Less 11.75 - 30 days	$	11 75
Balance	$	296 39

ed into Ledger, page ..... or below.

SIZE 5/3 No. 9405- Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382- Hdls

Date				Amount Paid		Balance	
			To Balance Forward			$	
			By Payment	$		$	
			"	$		$	
Jan 24-51			" Ins full	$ 296	39	$	
			" "	$		$	
			" "	$		$	
			" "	$		$	
			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 9 1952

Name of Deceased Charles V. Humes J. White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Gen. Del. Boyes Springs Cal. ☐Husband ☐Wife ☐Widow of Madeline
Age of Husband or Wife (if living).....Years

Charge to Mrs. Madeline Humes

Address Above

Order given by (or informant)

How Secured

If Veteran, State War Yes W. W. I

Occupation Pipe Fitter 566-18-1161 (Social Security Number)

Employer and Address Mare Island

Date of Death Jan. 9. 1952 (Date) 11:10 P.M. (Hour)

Date of Birth Oct. 27, 1895

Age 56 (Years) (Months) (Days)

Date of Funeral Jan. 11 (Date) Fri. (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Baden Lupsky Boyes (Address)

Complete Funeral (except outlays)	$ 398	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ~~Suit 20.50 8.62~~ (State Kind and Color)	21	12
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		19 9
Limousines to Cemetery ..... @ $		20 50
Extra Limousines ..... @ $		19 50
Autos to R. R. Station ..... @ $		3
Getting Remains from		2
Taking Remains to		5 85
Trip to Coroner's Inquest		6
.....		
.....		
..... and District)		
..... No.		
..... r Coroner's)		
..... apel, $		
..... $		
.....		
.....		
..... ting, $		
..... Vault, $		
.....		
..... vice, $		
.....		
..... anist, $		
..... rvice, $		
..... ges		
.....		
.....		
Personal Service Rev. Lupsky	10	—
No Music		
..... line Death Notices in ..... Papers		
..... Lucas Posted (Names of Newspapers)	2	6 1
.....		
.....		
Sales Tax	5	87
Total Footing of Bill	$ 438	70
Less 19.90 - 30 days 4%	$ 4	00
Balance	$ 442	70

Entered into Ledger, page .....or below.

Jan 11 1952 NO. 07308

RECEVED FROM Bate & Evans

Discharge Papers for Chas. V. Humes, deceased

Mrs M Humes

$ HOW PAID BALANCE DUE

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Motor Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co

Cemetery Crematory } Golden Gate Memorial

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Date		Amount Paid	Balance
1-22-52	Filed With Government	$	
1-31-52	To Above Balance		
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Feb 12, 1952	" Govt.	$ 268 80	$
May 29, 1952	" Govt.	$ 150 —	$
	" "	$ 418 80	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 12 1952

Name of Deceased Harry John Dunn W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 523 E 2nd St Sonoma ☐Husband ☐Wife ☐Widow } None

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Edna Cooper

Address.... above

Order given by.....W (or informant)

How Secured.....

If Veteran, State War No

Occupation Ret. Rancher No. (Social Security Number)

Employer and Address.....

Date of Death Jan 12, 1952 (Date) 10:30 A (Hour)

Date of Birth Feb 14, 1876

Age 75 (Years) (Months) (Days)

Date of Funeral Jan 14, (Date) Monday (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Ferrell I.O.O.F. Lodge (Address)

Religion of the Deceased Prod.

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J Newman MD (or Coroner)

His Address Sonoma, Caly

Name of Father Thomas M. Dunn

His Birthplace New York

Maiden Name of Mother Nancy Sutherland

Her Birthplace England

Motor Ship } Remains to.....

Size of Casket Taupe

Manufactured by Sutter Casket Co. (State Color and Number)

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	398 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		1 99
Suit or Dress (State Kind and Color)		3
Slippers, $..... Hose, $		5 97
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Santa Rosa		
Trip to Coroner's Inquest Hearse & Limousine		20 00
Delivering Box to		
Deliver Flowers to Casket Flowers		25 00
Removal Charges		
Procuring Burial Permit for ashes (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
~~Outlay for Lot~~ Crock for Ashes		2 74
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb for ashes		5 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Rev. Ferrell		10 00
Out of town Undertaker's Charges		
Personal Service Music		
Marquee - Terrace		10 00
....line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		4 00
Sales Tax		5 97
Total Footing of Bill	$	531 21
Less 19.90 - 30 days	$	19 90
Balance	$	511 31

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
1-30-52	Statement to Homestead		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Feb 2, 1952	" " Paid in full	$ 511 31	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 9 1952

Name of Deceased Charles V. Humes (What Race) White

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rte. Del Bayo Springs Cal. ☐ Husband ☐ Wife ☐ Widow or ..... of } Madeline

Charge to Mrs. Madeline Humes Age of Husband or Wife (if living)..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War Yes W. W. I

Occupation Pipe Fitter 566-18-1161 (Social Security Number)

Employer and Address Mare Island

Date of Death Jan. 9, 1952 (Date) 11:10 (Hour) A.M.

Date of Birth Oct. 27, 1895

Age 56 (Years) (Months) (Days)

Date of Funeral Jan. 11 (Date) Fri. (Day of Week) 10.9 (Hour) A.M.

Services at Chapel

Clergyman Rev. Bailey Lipsky Bayo (Address)

...of the Deceased Prod.

...ce Pennsylvania

...in the State (or U. S. or City or County) (Years) (Months)

... Death Larsens Spec. Shop. Bayes

...f Death Myocardial infarct.

...utory Causes Coronary Occlusion

...

...g Physician Irma Silverfield,

...resi Santa Rosa, Cal. (or Coroner)

...f Father Charles C. Humes

...hplace Penn.

... Name of Mother Ida M. Heyfried

...thplace Penn.

Motor / Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Golden Gate Memorial

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 398	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Suit 20.50 (State Kind and Color)	21	12
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Lipsky	10	—
No Music		
...line Death Notices in ... Papers		
Press Democrat (Names of Newspapers)	3	61
	5	97
Sales Tax		
Total Footing of Bill	$ 438	70
Less 10-20-30 days 4%	$ 4	00
Balance	$ 442	70

199.50 / 20.50 / 179.50 / 3 / 5850 / 6.1

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
1-22-52	Filed With Government		
	To Above Balance		$
1-31-52	Statement		
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Feb 17, 1951	" and act.	$ 268 80	$
May 29, 1952	" Government	$ 150 —	$
	" "	$ 58.50	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 12 1952

Name of Deceased Harry John Dunn W.

☐ Married ☐ X Single ☐ Widowed ☐ Divorced (What Race)

Residence 523 E. 2nd St. Sonoma ☐Husband ☐Wife ☐Widow } none

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Edna Cooper

Address.....Above

Order given by.....W (or informant)

How Secured.....

If Veteran, State War No

Occupation Ret. Rancher No. - (Social Security Number)

Employer and Address.....

Date of Death Jan. 12, 1952 (Date) — 10:50 A (Hour)

Date of Birth Feb. 14, 1876

Age 75 (Years) (Months) (Days)

Date of Funeral Jan. 14, (Date) Monday (Day of Week) - 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Terrell (Address) I.O.O.F. Lodge

Religion of the Deceased Prod.

Birthplace Sonoma, Caly.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J Newman MD (or Coroner)

His Address Sonoma, Calif

Name of Father Thomas M. Dunn

His Birthplace New York

Maiden Name of Mother Nancy Sutherland

Her Birthplace England

Motor / Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

~~Cemetery~~ / Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 398	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		1 99
Suit or Dress (State Kind and Color)		3
Slippers, $.....Hose, $		5 97
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from.....		
Taking Remains to Santa Rosa		
Trip to Coroner's Inquest Hearse & Limousine		20 00
Delivering Box to.....		
Deliver Flowers to Casket Flowers		25 00
Removal Charges.....		
Procuring Burial Permit for ashes (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
~~Outlay for Lot~~ Crock for Ashes		2 74
Cremation		45 00
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb for ashes		5 00
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges.....		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced Rev. Terrell		10 00
Out of town Undertaker's Charges.....		
Personal Service Mrs.		
Maraview Terrace		10 00
....line Death Notices in.....Papers		
Press Democrat (Names of Newspapers)		4 00
Sales Tax		5 97
Total Footing of Bill	$	531 21
Less 19.90 - 30 days	$	19 90
Balance	$	511 31

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-30-52	Statement to Homestead						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 2, 1952	" " Paid in full	$ 511 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 13 1952

Name of Deceased Angelo Montemurro W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 42 - El Verano, Caly

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Sonoma County -

Address R.F.D.

Order given by Sweeney - (or informant)

How Secured

If Veteran, State War unk

Occupation Laborer unk (Social Security Number)

Employer and Address

Date of Death Jan 13, 1952 (Date) 10:30 A. (Hour)

Date of Birth May 18, 1880

Age 71 (Years) (Months) (Days)

Date of Funeral Jan 21, Mon (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel -

Clergyman Priest (Address)

Religion of the Deceased Catholic -

Birthplace Italy -

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arteriosclerotic

Contributory Causes Heart disease

Certifying Physician Ralph L. Petrosons M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Flagrena Montemurro

His Birthplace Italy -

Maiden Name of Mother Rose Musso

Her Birthplace Italy -

Motor Ship } Remains to

Size of Casket County - (State Color and Number)

Manufactured by S. F. V. C. Co.

Cemetery Crematory } Valley Cem. Sonoma Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 55	27
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		27.63
Suit or Dress (State Kind and Color)		18.37
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ~~Monument Insane~~ → Priest at Chapel -		5 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$ 76	20
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
Jan, 18, 1952 - Filed with County Auditor -			
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Feb 5, 1952	By Payment	$ 76 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 16 1952

Name of Deceased John P. Serres (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Agua Caliente, Cal. ☐Husband ☐Wife ☐Widow } Myrtle

Charge to Mrs. Myrtle Serres or.....of } Age of Husband or Wife (if living).....Years

Address Adobe

Order given by..... (or informant)

How Secured:

If Veteran, State War No

Occupation Farmer No. (Social Security Number)

Employer and Address self

Date of Death Jan. 16 1952 1:15 P. (Date) (Hour)

Date of Birth Aug. 2, 1887

Age 63 5 14 (Years) (Months) (Days)

Date of Funeral Jan. 19 Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Adenocarcinoma of Stomach

Contributory Causes Ulcer of pylorus of Stomach

Certifying Physician Robert L. Waldenhauer M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father John Serres

His Birthplace France

Maiden Name of Mother Catherine

Her Birthplace unk.

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Mountain Cemetery, Sonoma

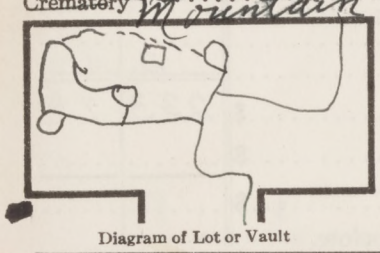

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 836	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		4 18
Dressing Body, $ ..... Underwear, $		3 24
Suit or Dress (State Kind and Color)		12 75
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Built own Vault		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Pd. By Tony Serres to priest		
Out of town Undertaker's Charges		
Personal Service Mass	10	00
line Death Notices in ..... Papers		
Democrat (Names of Newspapers)	4	00
Local, Posted	3	61
	12	54
Sales Tax		
Total Footing of Bill	$ 861	15
Less 41.80 - 30 days	$ 41	80
Balance	$ 819	35

Entered into Ledger, page.....or below.

SIZE 6/6 No. Groton H.P Cov. Heather

DESCRIPTION: Baron Panel & Pillow
Full lined Ant, Empire Eggshell Sr. B & Bp

Date			Amount Paid	Balance
		To Balance Forward	$	$
		By Payment	$	$
		" "	$	$
		" "	$ 819 35	$
1-30-52		Statement	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Feb 15 1952 J. Hill

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 1 1952

Name of Deceased Grace A. Bender White

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Box 350 Sonoma, Calif. ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to Herbert F. Comer

Address Rt. 1 Box 350 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.....

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		

FORM 184 - 1-52 - 5M

OFFICIAL RECEIPT OF

Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

A 5737

DATE February 23, 1952

THE SUM OF Twenty and 82/100 DOLLARS $ 20 82

AS PAYMENT ON NO. DIV. LOT TIER SECTION

REMARKS: Feb. Acct. Insc. to Unw

RECEIVED FROM: Bates + Evans Sonoma, Calif.

CASH		MONEY ORDER		MAIL —
CHECK	90-754			AT OFFICE
				COLLECTOR

THE CYPRESS LAWN CEMETERY ASSOCIATION

BALANCE $ In Full

MD 8041

BY M. Pecota

Certifying Physician F. Campbell M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Archibald Comer

His Birthplace Michigan

Maiden Name of Mother Sarah A. Farwell

Her Birthplace Michigan

Motor Ship } Remains to.....

Size of Casket #3 B.A. Grey Asm. (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa Cal

Cypress Lawn
Niche - 22
Tier - 7
Sec. D.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Opening Niche; Engraving Cypress Lawn	21	33
...line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	2.	40
Total Footing of Bill	$ 233	74
Less 2.00 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 12 1952	To Above Balance per statement		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ ✓	$
	" "	$	$	Feb 15 1952	" "	$ 2.25	$
	" "	$	$		" "	$ In full	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 2 1952

Name of Deceased Lily - Dudson White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 336 - Sonoma ☐Husband ☐Wife ☐Widow } Williams

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Wilbram Dudson

Address.....above

GRANT FLETCHER, M. D.
OFFICE: AMERICAN TRUST BLDG.
SONOMA, :: CALIFORNIA

TELEPHONE: 5575
5576

X-RAY LABORATORY
REGISTRY NO. 2910

NAME

ADDRESS

℞

I hereby give Dr. Grant Fletcher permission to perform a post mortem examination of the body of my deceased wife Lily Dudson

×

DATE Feb 2 1952 William L Dudson M.D.

Complete Funeral (except outlays)	$ 323 —
Casket	
...or Box (State Kind)	
...ody (Name of Embalmer)	
.....Hair Dressing, $	
...y, $.....Underwear, $	
...Hose 100 panty 75 ¢ (State Kind and Color) Jar 05	1 80
.....Hose, $	
...s, $.....Tarpaulin, $	
...$.....Candles, $	16 50
...:.....Gloves, $	1 75
...$.....Ambulance, $	
...Cemetery.....@ $	1 63 25 3
...ines.....@ $	
...Station.....@ $	4 89 75
...ins from	
...ns to	
...er's Inquest	
...k to	
...rs to ...& Lay	
...ges...Casket...Spray	20 60
...ial Permit (State Number and District)	
...esof Death Certificates No. (State Physician's or Coroner's)	
...rvice, $.... Use of Chapel, $	
...or Sales Tax	$
Outlay for Lot 1 grave I.O.O.F	
Cremation.....Dawn S.P.	135 75
Flowers, $.....Palms, $.....Matting, $	
Rental of Tent, $....of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $.....Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $.....Singers, $....Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service....Organ (Marcucci)	5 00
Minister: Rev Hall	10 00
....line Death Notices in.....Papers	
Examiner (Names of Newspapers)	5 46
Local Cooled	3 61
	4 85
Sales Tax	
Total Footing of Bill	$ 510 07
Less 1% 15 30 days	$ 1 6 1 5
Balance	$ 493 92
Entered into Ledger, page.....or below.	

Diverticulitis: Uremia Sigmoid colon

Certifying Physician Grant Fletcher M.D. (or Coroner)

His Address: Sonoma, Caly

Name of Father Andrew Sandwell

His Birthplace England

Maiden Name of Mother Elinore -

Birthplace England -

} Remains to

of Casket Brn ½ C #9389 (State Color and Number)

Manufactured by A.J. Co. Co.

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa, Cal - Local Cooled

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

C... ORDE... 5H2...

...In Sonoma, Calif., February 2, ...dy Dudson, dearly beloved wife ... Dudson of Sonoma, beloved ... Mrs. Amy Bernardo of So... ...red grandmother of Joan ... of Sonoma, loving sister of ...dwell, Mrs. Florence Fairer ... Alice Poole, all of England; a ... England; aged 58 years. ...s are invited to attend the fu... ...rvices Tuesday, February 5 at ..., from the Chapel of Bates & ...s, Sonoma, Calif.

		Amount Paid	Balance	Date		Amount Paid	Balance
...ance			$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	Feb 5 1952	on account	$ 135 75	$
		$	$	Feb Feb 6 1952	Dr. full	$ 358 17	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

94

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 1 1952

Name of Deceased Grace A. Bender White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 350 Sonoma, Caly. ☐Husband ☐Wife ☐Widow
or.....of } Age of Husband or Wife (if living).....Years

Charge to Herbert F Corner

Address Rt 1 Bx 350 Sonoma

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War No.....

ation At home -
(Social Security Number)

yer and Address.....

Death Feb 1, 1952 - 9:15 a.m.
(Date) (Hour)

Birth Feb 19, 1878

73
(Years) (Months) (Days)

Funeral Feb 4, 52 - Mon - M.
(Date) (Day of Week) (Hour)

t: Chapel of the Chimes
(Address)

the Deceased Prod. -

Michigan
(or U. S. or City or County) (Years) (Months)

the State

th Sonoma Co. Hospital

th: Generalized Arteriosclerosis

Causes Senility, Debility

Certifying Physician F. Campbell M.D.
(or Coroner)

His Address Sonoma Co. Hospital

Name of Father Archibald Corner

His Birthplace Michigan

Maiden Name of Mother Sarah A. Farwell

Her Birthplace Michigan

Motor Ship } Remains to.....

Size of Casket #. S.B.A. - Grey Asm -
(State Color and Number)

Manufactured by: Golden Gate C. Co. -

Cemetery Crematory } Chapel of the Chimes Santa Rosa Cal -

Cypress Lawn
Niche - 22
Tier - 7
Sec. D.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	160 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		80
Slippers, $..... Hose, $		2 40
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
~~Outlay for Lot, permit & Marking~~ Ashes		5 01
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Cypress Opening Niche; Engraving Down -		21 33
...line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		2 40
Total Footing of Bill	$	233 74
Less 8 00 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 12 1952	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ ✓	$
	" "	$	$	Feb 15 1952	" " in full	$ 225	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 2 1952

Name of Deceased Lily - Dudson White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 336 - Sonoma ☐Husband ☐Wife ☐Widow or.....of } Williams

Charge to: Williams Dudson Age of Husband or Wife (if living).....Years

Address: Above

GRANT FLETCHER, M. D.
OFFICE: AMERICAN TRUST BLDG.
SONOMA, :: CALIFORNIA

TELEPHONE: 5575
5576

X-RAY LABORATORY
REGISTRY NO. 2910

NAME

ADDRESS

℞

I hereby give Dr. Grant Fletcher permission to perform a post mortem examination of the body of my deceased wife Lily Dudson

×

DATE Feb 2 1952 William L Dudson M.D.

Complete Funeral (except outlays)	$ 323	—
Casket		
or Box (State Kind)		
ody (Name of Embalmer)		
Hair Dressing, $		
, $ Underwear, $		
hose 1.00 panty 75¢ (State Kind and Color) Dai 05¢	1	80
Hose, $		
s, $ Tarpaulin, $		
$ Candles, $		16 50
Gloves, $		1 75
$ Ambulance, $		1 63 25 3
Cemetery @ $		4 89 75
ines @ $		
. Station @ $		
ins from		
ns to		
er's Inquest		
k to		
rs to + Lay		
ges Casket Spray	20	60
ial Permit (State Number and District)		
esof Death Certificates No. (State Physician's or Coroner's)		
rvice, $ Use of Chapel, $		
or Sales Tax	$	
Outlay for Lot / Grave I.O.O.F		
Cremation Burn I.R.	135	75
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Organ (Marquess)	5	00
Minister Rev Hall	10	00
line Death Notices in Papers		
Examiner (Names of Newspapers)	5	46
Local Pooled	3	61
	4	85
Sales Tax		
Total Footing of Bill	$ 510	07
Less 1% 15 30 days	$ 15	15
Balance	$ 493	92

Diverticulitis: Uremia Sigmoid colon

Certifying Physician Grant Fletcher M.D. (or Coroner)

His Address Sonoma Caly

Name of Father Andrew Sandwell

His Birthplace England

Maiden Name of Mother Edmore

Birthplace England

} Remains to

of Casket Green C #9389 (State Color and Number)

Manufactured by S.F. Co. Co.

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa, Cal - Local Pooled

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Entered into Ledger, page.....or below.

C... ORDE... 5H3...

...In Sonoma, Calif., February 2, ...dy Dudson, dearly beloved wife ... Dudson of Sonoma, beloved ... Mrs. Amy Bernardo of So... ...red grandmother of Joan ... of Sonoma, loving sister of ...lwell, Mrs. Florence Fairer ... Alice Poole, all of England; a ... England; aged 58 years. ...s are invited to attend the fu... ...rvices Tuesday, February 5 at ..., from the Chapel of Bates & ...as, Sonoma, Calif.

	Amount Paid		Balance		Date			Amount Paid		Balance	
ance			$				To Balance Forward			$	
	$		$				By Payment	$		$	
	$		$		Feb 5 1952		on right	$ 135	75	$	
	$		$		Feb Feb 6, 5		2 Dr. full	$ 358	17	$	
	$		$				" "	$		$	
	$		$				" "	$		$	
	$		$				" "	$		$	
	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

94

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 1 1952

Name of Deceased Grace A. Bender White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 350 Sonoma, Cal. ☐Husband ☐Wife ☐Widow
or.....of Age of Husband or Wife (if living).....Years

Charge to Herbert F Corner

Address Rt 1 Box 350 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.....

ation At home -
(Social Security Number)

yer and Address .....

Death Feb 1, 1952 - 9:15 P.M.
(Date) (Hour)

Birth Feb 19, 1878

73
(Years) (Months) (Days)

Funeral Feb 4, 1952 - Mon - M.
(Date) (Day of Week) (Hour)

t: Chapel of the Chimes
(Address)

the Deceased Prod. -

Michigan

the State
(or U. S. or City or County) (Years) (Months)

th Sonoma Co. Hospital

th Generalized Arteriosclerosis

Causes Senility, Debility

Certifying Physician F. Campbell M.D.
(of Coroner)

His Address Sonoma Co. Hospital

Name of Father Archibald Comer

His Birthplace Michigan

Maiden Name of Mother Sarah A. Farwell

Her Birthplace Michigan

Motor / Ship } Remains to .....

Size of Casket #. 3 B A - Grey Ass -
(State Color and Number)

Manufactured by: Golden State C. Co. -

Cemetery / Crematory } Chapel of the Chimes Santa Rosa Cal -

Cypress Lawn -
Niche - 22
Tier - 7
Sec. D.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box		
Embal		
Barbe		
Dressi		
Suit or		
Slippe		
Foldin		
Candl		
Door S		
Funera		
Limous		
Extra		
Autos t		
Getting		
Taking		
Trip to		
Deliver		
Deliver		
Remova		
Procuri		
Cert		
Pall Bea		
Gross T		
Outlay fo.		
Cremation ✓	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Opening Niche; Engraving Cypress Lawn -	21	33
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	2	40
Total Footing of Bill	$ 233	73
Less 2 00 - 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 12 1952	To Above Balance ✓ statement		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ ✓	$
	" "	$	$	Feb 15 1952	" "	$ 225	$
	" "	$	$		" " full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 2 1952

Name of Deceased Lily - Dudson White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 336 - Sonoma ☐Husband ☐Wife ☐Widow of Williams

Charge to: William Dudson or ..... of ..... Age of Husband or Wife (if living)..... Years

Address: Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Feb 2 1952 (Date) 12:10 A. (Hour)

Date of Birth Feb 12 1893

Age 58 (Years) (Months) (Days)

Date of Funeral Feb 5 (Date) Tue (Day of Week) 1 P. (Hour) M.

Services at: Chapel

Clergyman:..... (Address)

Religion of the Deceased Prot

Birthplace England

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community hospital

Cause of Death Peritonitis Generalized

Contributory Causes. Ruptured Diverticulum Sigmoid colon

Diverticulitis: Uremia

Certifying Physician Grant Fletcher M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Andrew Sandwell

His Birthplace England

Maiden Name of Mother Elenore -

Her Birthplace England -

Remains to .....

Kind of Casket Bron. ½ C. #9389 (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery / Crematory I. O. O. F. Cem. Santa Rosa, Cal - Local Chapel

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or Dress~~ - Lace 1pr panty 75¢ (State Kind and Color) Dad 05		1 80
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		16 50
Door Spray, $ ..... Gloves, $		1 75
Funeral Car, $ ..... Ambulance, $		1 63 25
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		4 89 75
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to ~~Lady~~		
Removal Charges Casket ~~Spray~~	20	60
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 1 grave I.O.O.F		
Cremation ~~Dawn~~ S.R.	135	75
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Organ (Marcucci)	5	00
Minister: Rev. Hall	10	00
line Death Notices in ..... Papers		
Examiner	5	46
(Names of Newspapers) Local Cooled	3	61
	4	85
Sales Tax		
Total Footing of Bill	$ 51	07
Less 10 15 30 days	$ 1	15
Balance	$ 49	92

Entered into Ledger, page ..... or below.

C... ORDE... 5H3...

...In Sonoma, Calif., February 2, ...dy Dudson, dearly beloved wife ... Dudson of Sonoma, beloved ... Mrs. Amy Bernardo of So... ...red grandmother of Joan ... of Sonoma, loving sister of ...dwell, Mrs. Florence Fairer ... Alice Poole, all of England; a ... England; aged 58 years. ... are invited to attend the fu... ...rvices Tuesday, February 5 at ..., from the Chapel of Bates & ...as, Sonoma, Calif.

		Amount Paid		Balance		Date		Amount Paid		Balance	
	ance			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Feb 5 1952	on acct	$ 135	75	$	
		$		Feb		Feb 6 1952	Dr. full	$ 358	17	$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

96

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Feb 3 1952

Name of Deceased Margaret Elizabeth Roberts White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Bayes Springs Ben Del

☐ Husband ☐ Wife ☐ Widow } Leslie
or .... of } Age of Husband or Wife (if living) .... Years

Charge to: P.O. Bx. 536

Address: Leslie Roberts

Order given by: Monthly Paymentes
(or informant)

How Secured: :

If Veteran, State War No

Occupation Housewife
(Social Security Number)

Employer and Address

Date of Death Feb 3, 1952 (Date) 9:40 A. (Hour)

Date of Birth July 7 1905

Age 45 (Years) (Months) (Days)

Date of Funeral Feb 5 (Date) Tue (Day of Week) 2:30 P. (Hour) M.

Services at: Chapel

Clergyman Rev L. O. Hall Bayes Springs (Address)

Religion of the Deceased Prod

Birthplace Kentucky

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes H C V D

Gen. Arteriosclerosis

Certifying Physician John D. Lopes MD
(or Coroner)

His Address Sonoma Co. Hospital

Name of Father Fred Wagner

His Birthplace Kentucky

Maiden Name of Mother Eva Ellen Piercefield

Her Birthplace: Kentucky

Motor / Ship } Remains to

Size of Casket Orchid

Manufactured by: Golden State Co. (State Color and Number)

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	479 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ .... Hair Dressing, $		
Dressing Body, $ 10.00 .... Underwear, $		
Suit or Dress 17.00 Tax 51¢ (State Kind and Color)		17.51
Slippers, $ .... Hose, $		
Folding Chairs, $ .... Tarpaulin, $		
Candelabrum, $ .... Candles, $		
Door Spray, $: : .... Gloves, $		
Funeral Car, $ .... Ambulance, $		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from: SLP 1.50 Nose 1.00 } 4.00		
Taking Remains to: Under 1.50 } 1/2 4.12		4.12
Trip to Coroner's Inquest 14		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~		30.00
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ .... Palms, $: : : : Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ .... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ .... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev L. O. Hall		10 00
Music - Marcucci Terrace		10 00
.... line Death Notices in .... Papers		
Local Posted (Names of Newspapers)		3 61
Sales Tax		7.19
Total Footing of Bill	$	561.43
Less 23.95 - Cash disc. 30 days	$	
Balance	$	

Entered into Ledger, page .... or below.

Date		Amount Paid	Balance
	1-9-54 Statement		
	To Above Balance		$
	By Payment	$	$
Feb 28 53		$ 10 00	$
April 11		$ 10 -	$
May 2 53		$ 10 -	$
May 16 53		$ 10 -	$
June 13 53		$ 10 -	$ 290 00 Bal.
July 4 53		$ 10 -	$ 280 -
Aug 1, 53		10 -	270
Sept 3 53		10	260

Date		Amount Paid		Balance
	To Balance Forward			$
Feb 6, 52	By Payment Cash	$ 61	43	$
Mar 1, 52	" Onward	$ 30		$
Mar 29 52	" " "	$ 20		$
May 3, 52	" " "	$ 20		$
May 31 52	" " "	$ 20	-	$
July 14, 52	" " "	$ 30		$
Aug 9 52	" "	$ 20	-	$
Nov 13 52	" "	5	-	
Mar 21, 53	" "	5		

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 2 19.52

Name of Deceased Anna Isabelle Basker W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 940 So. Grandview Los Angeles Calif. ☐Husband ☐Wife ☐Widow of James Age of Husband or Wife (if living)..... Years

Charge to: James Basker - above

Address. (Ged Rees Sister)

Send Bill to

Order given by James W. Basker - (Son.) (or informant)

How Secured: 2135 Sacramento St. S.F. Apt 36

If Veteran, State War No

Occupation At home 554-18-69355 (Social Security Number)

Employer and Address

Date of Death Feb. 2, 1952 3:45 p.m. (Date) (Hour)

Date of Birth March 14, 1890

Age 61 (Years) 10 (Months) - 18 (Days)

Date of Funeral Feb. 5 - Tue (Date) (Day of Week) 10 a.m. (Hour) M.

Services at: St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Minnesota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Lakewood Manor L. A. -

Cause of Death Cerebral Hemorrhage

Contributory Causes 3rd. Brain Hemorrhage Hypertension. Failing Heart

Certifying Physician Leonard O. Sloane (or Coroner)

His Address 1052 - West 6 St. L. A. -

Name of Father Wenzell Rees

His Birthplace Austria

Maiden Name of Mother Elizabeth Kaestner

Her Birthplace Austria

Motor / Ship } Remains to

Size of Casket Shipped via - Cunningham + O'Connor L.A. - (State Color and Number)

Manufactured by

Cemetery / Crematory } Catholic Cem. Sonoma, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Chapel service, & personal Services	$ 35	00
~~Complete Funeral (except outlays)~~		
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color) Conducting Funeral + Chapel		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $ 2 Cars	25	00
Autos to R. R. Station ... @ $		
Getting Remains from Crocket	15	00
Taking Remains to		
Trip to Coroner's Inquest		
~~Delivering Box to~~ Pallbearers Gloves	5	00
~~Deliver Flowers to~~ Cemetery equipment	5	00
~~Removal Charges~~ Grave Marker	5	00
Procuring Burial Permit		
___Certif. Copies of Death Certificates No.___ (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ... $		
Outlay for Lot 2 graves	120	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Casket, Spray + Tax	15	45
Out of town Undertaker's Charges		
Personal Service ... Mass	15	—
... line Death Notices in ... Papers		
Local ... Posted - (Names of Newspapers)	3	60
Sales Tax on Market + Gloves		30
Total Footing of Bill ... $	269	36
Less ... $		
Balance ... $		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2-8-52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 14, 1952	" Jul	$ 269 36	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN - St. Louis, Mo.

98

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 4 1952

Name of Deceased Alena Glenn Partridge W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 441 - Sonoma - ☐ Husband ☐ Wife ☐ Widow of Frederick -

Age of Husband or Wife (if living).....Years

Charge to Frederick Partridge - above

Address (or Son) Robert B. Partridge attorney

Order given by Shell Bldg. S.F. (or informant)

How Secured:

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address

Date of Death Feb. 4, 1952 (Date) 4:05 A. (Hour)

Date of Birth April 20, 1877

Age 74 (Years) (Months) (Days)

Date of Funeral Feb. 5 - Tuesday (Day of Week) 1 P.M. (Hour)

Services at Chapel of the Chimes

Clergyman ~~Comm~~ Episcopal Santa Rosa (Address)

Religion of the Deceased Prod.

Birthplace Mendocino Co., Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death El Verano Rest Home

Cause of Death: Myocardial failure

Contributory Causes Metastatic Carcinoma of Caecum

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Robert Gleason

His Birthplace Calif.

Maiden Name of Mother Matilda Jane

Her Birthplace ?

Motor Ship } Remains to

Size of Casket 93 89 (State Color and Number)

Manufactured by: A. J. Casket Co.

~~Cemetery~~ Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 323	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or Dress~~ Panty 75 - slip 150 (State Kind and Color) tax 07	2	32
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Casket Spray	30	90
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister	10	00
....line Death Notices in ..... Papers		
Sealed Local (Names of Newspapers)	3	61
Democrat	4	00
Sales Tax	4	85
Total Footing of Bill	$ 423	68
Less 16.15 - 30 days	$ 16	15
Balance	$ 407	53

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/12/52	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 7 1952	" Jm Feild	$ 407 53	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 4 1952

Name of Deceased Ildefonso Hugo Viviani W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Spain at 2nd Sonoma ☐Husband ☐Wife ☐Widow } Maria

or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Rita Ruebli

Address. P.O. Box 1025 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Cheese maker (Social Security Number)

Employer and Address .....

Date of Death. Feb. 4, 1952 (Date) 5:20 P. (Hour)

Date of Birth. December 1, 1875

Age. 76 (Years) 1 (Months) 26 (Days)

Date of Funeral. Feb. 7 (Date) Thurs (Day of Week) 9:30 A. M. (Hour)

Services at: St. Frances

Clergyman:..... (Address)

Religion of the Deceased. Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Woldenhaver M.D. (or Coroner)

His Address. Sonoma, Calif.

Name of Father. Rosina Viviani

His Birthplace... Italy

Maiden Name of Mother Elizabeth Giovannini

Her Birthplace... Italy

Motor Ship } Remains to .....

Size of Casket..... (State Color and Number)

Manufactured by S.F.

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 82	1 —
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	50	
Dressing Body, $ ..... Underwear, $	1	
Suit or Dress (State Kind and Color)	1/2 05	1 55
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		1 50
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		1 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4 27
Getting Remains from		3
Taking Remains to		1 81
Trip to Coroner's Inquest		12
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service .... Mass	15	—
....line Death Notices in ..... Papers		
(Names of Newspapers) Posted Local	3	6 1
	12	77
Sales Tax		
Total Footing of Bill	$ 89	3 93
Less 41. 80 - 30 days	$ 41	80
Balance	$ 85	2 1 3

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb. 8, 1952	" Jn Jucl	$ 85 2 13	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

100

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry February 4 1952

Name of Deceased Luretta K. Gray

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 105 Glen Ellen ☐Husband ☐Wife ☐Widow of John H.

Charge to George E. Gray or..... Age of Husband or Wife (if living).....Years

Address. Adams

Order given by.....

(Informant)

Telephone
PIedmont 5-0123

№ 17042

Chapel of the Chimes

CREMATORIUM » COLUMBARIUM
4499 Piedmont Avenue
Oakland 11, California

Received From Mr. George E. Gray Date Mar. 13 1952

Crematorium Services for:			
Memorial Niche Upper Bethel	Tier No. NS 1 F		
Urn and Inscription		5	00
Cremation Certificate			
Recording ✓ 5.00	Permit ✓ .50	5	50
Additional Inscription		7	60
Preparation and Forwarding			
Niche Lease ☐ Temporary Care ☐ From	To		
Flower Service — From	To		
Sales Tax			
Less: Total		18	10
Discount of			
Return of	Tier No.		
	Amount Due	18	10
Rec'd Eighteen and 10/100 Dollars		18	10
	Balance Due	None	

Check ☑ 90-754
Cash ☐ Record Number 48999

CHAPEL OF THE CHIMES
By H. Peterson
By H. Peterson

Complete Funeral (except outlays)	$ 365	—
Casket		
Burial Vault or Box (State Kind)		
(Name of Embalmer)		
Hair Dressing, $		50
Underwear, $		1760
(State Kind and Color)		
Hose, $		
Tarpaulin, $		
Candles, $		
Gloves, $		
Ambulance, $		
metery @ $		
@ $		
tion @ $		
rom Receptacle 5 00		
Inscription 7 60		
Inquest Interment 5 00		
Tax 50		
18.10		
To Chapel of the Chimes	18	10
ermit Oakland (State Number and District)		
Death Certificates No. (State Physician's or Coroner's)		
, $ Use of Chapel, $		
es Tax	$	
	50	—
lms, $ Matting, $		
of Temporary Vault, $		
or Tomb		
Lowering Device, $		
g Charges		
Singers, $ Organist, $		
Aeroplane Service, $		
ble or Radio Charges		
taker's Charges Oakland Methodist Minister	10	—
tices in Papers		
Trib. Tribune (Names of Newspapers)	4	10
2 C/C	3	00
	5	48
ill	$ 455	68
30 days	$ 18	20
Balance	$ 437	43

1.80
1760
2001
3
6.003

Diagram of Lot or Vault

Owner.....

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-52	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 18-52	Owe full	437 43	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... February 16 ...19 52

Name of Deceased... Aline Lourdeaux ... F W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 77 - Sonoma, Cal. ☐Husband ☐Wife ☐Widow } Emile -
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Julia B. McDermott (daughter)

Address Henry Lardeaux (Son)

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.....

Occupation At home No.....
(Social Security Number)

Employer and Address.....

Date of Death Feb 15, 1952 11 P.M.
(Date) (Hour)

Date of Birth July 15, 1867

Age 84
(Years) (Months) (Days)

Date of Funeral Feb 18 Mon - 9:30 A.M.
(Date) (Day of Week) (Hour)

Services at St. Frances -
Sonoma Valley Grange #407

Clergyman service following Rosary
(Address)

Religion of the Deceased Prod. -

Birthplace France -

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Michael M. Mikita MD
(or Coroner)

His Address Boyes Springs, Calif -

Name of Father Eugene Jarhat

His Birthplace France

Maiden Name of Mother Catherine Charpentier

Her Birthplace France -

Motor / Ship } Remains to.....

Size of Casket Orchid -
(State Color and Number)

Manufactured by Golden State Casket Co -

Cemetery / ~~Crematory~~ } Catholic Cem Sonoma

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	464 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 16 - 24 48 (State Kind and Color)		16 48
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		23 15
Funeral Car, $..... Ambulance, $		16
Limousines to Cemetery ..... @ $		26 33
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		7 89
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Three Graves		180 -
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		15 -
....line Death Notices in.....Papers		
Examiner		9 40
(Names of Newspapers)		
Local, Gazette		3 61
Sales Tax		7 41
Total Footing of Bill	$	735 90
Less 23.95 - 30 days -	$	23 95
Balance	$	712 95

Entered into Ledger, page.....or below.

LOURDEAUX—In Sonoma, Calif., Feb. 15, 1952, Aline Lourdeaux, beloved mother of Emile E. and Joseph A. Lourdeaux of San Francisco, Henry Lourdeaux of Sonoma, and Mrs. Julia B. McDermott of Boyes Springs; also leaves 7 grandchildren and 21 great grandchildren; a native of France; aged 84 years.

Friends are invited to attend the funeral services Mon., Feb. 18, at 9:15 a. m. from The Chapel of Bates & Evans, Sonoma. Thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma.

Rosary will be recited Sunday eve., at 8 o'clock, followed by services under the auspices of Sonoma Valley Grange No. 407.

	Amount Paid		Balance		Date		Amount Paid		Balance	
alance			$			To Balance Forward			$	
	$		$		March 4 52	By Payment In full	$ 712	95	$	
	$		$			" "	$		$	
	$		$			" "	$		$	
	$		$			" "	$		$	
	"	"	$			" "	$		$	
	"	"	$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

100

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry February 4 1952

Name of Deceased Luretta K. Gray

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Box 105 Glen Allen

☐ Husband ☐ Wife ☐ Widow of John H.

or..... Age of Husband or Wife (if living).....Years

Charge to George E. Gray

Address.... Adams

Order given by.....
(or informant)

Complete Funeral (except outlays)	$	365	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Hair Dressing, $			
Underwear, $		18	50
(State Kind and Color)		17	60
Hose, $			
Tarpaulin, $			
Candles, $			
Gloves, $			
Ambulance, $			
metery @ $			
@ $			
ation @ $			
from Receptacle		5	00
to Inscription		7	60
Inquest Interment		5	00
Vault		50	
		18	10
To Chapel of the Chimes		18	10
Permit Oakland (State Number and District)			
f Death Certificates No. (State Physician's or Coroner's)			
e, $ Use of Chapel, $			
ales Tax	$		
		50	—
alms, $ Matting, $			
of Temporary Vault, $			
or Tomb			
Lowering Device, $			
ng Charges			
Singers, $ Organist, $			
$ Aeroplane Service, $			
able or Radio Charges			
ertaker's Charges Oakland Methodist Minister		10	—
otices in Papers			
and Tribune		4	10
ames of Newspapers) 2 c/c		3	00
		5	48
Bill	$	455	68
30 days	$	18	20
Balance	$	437	43

1760 / 29013 / 6.0039

Chapel of the Chimes

CREMATORIUM » COLUMBARIUM
4499 Piedmont Avenue
Oakland 11, California

№ 16086

Cremation & minister Paid in full

Date Feb. 18 1952

Luretta K. Gray

Tier No.

Minister — 10.00 — 10 00

Permit

From To

From To

Total 60 00

Tier No.

Amount Due 60 00

Sixty and 00/100 Dollars 60 00

Balance Due

754
Number

299

CHAPEL OF THE CHIMES

By H. Peterson

Diagram of Lot or Vault

Owner.....

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-52	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 15 52	In full	437 43	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... February... 16.....19 52

Name of Deceased... Aline Lourdeaux ... F. W.
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Rt. 1 Box 77 - Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Emile -
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Julia B. McDermott (daughter)

Address Henry Lardeaux (Son)

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.....

Occupation At home No.....
(Social Security Number)

Employer and Address.....

Date of Death Feb. 15, 1952 11 P.M.
(Date) (Hour)

Date of Birth July 15, 1867

Age 84
(Years) (Months) (Days)

Date of Funeral Feb. 18 Mon - 9:30 A.M.
(Date) (Day of Week) (Hour)

Services at St. Frances -
Sonoma Valley Grange #407
Clergyman service following Rosary
(Address)

Religion of the Deceased Prod. -

Birthplace France -

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Michael N. Mikula M.D.
(or Coroner)

His Address Boyes Springs, Calif. -

Name of Father Eugene Jarrat

His Birthplace France

Maiden Name of Mother Catherine Charpentier

Her Birthplace France -

Motor / Ship } Remains to.....

Size of Casket Orchid -

Manufactured by Golden State Casket Co - (State Color and Number) line

Cemetery / ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 464	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 16 - 24 48 (State Kind and Color)	16	48
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Three Graves	180	-
Cremation.....		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service..... Mass	15	-
.....		
...line Death Notices in.....Papers		
Examiner (Names of Newspapers)	9.40	
Local, Posted	3	61
.....		
Sales Tax	7	41
Total Footing of Bill	$ 735	90
Less 2395 - 30 days -	$ 23	95
Balance	$ 712	95

Entered into Ledger, page.....or below.

LOURDEAUX—In Sonoma, Calif., Feb. 15, 1952, Aline Lourdeaux, beloved mother of Emile E. and Joseph A. Lourdeaux of San Francisco, Henry Lourdeaux of Sonoma, and Mrs. Julia B. McDermott of Boyes Springs; also leaves 7 grandchildren and 21 great grandchildren; a native of France; aged 84 years.

Friends are invited to attend the funeral services Mon., Feb. 18, at 9:15 a. m. from The Chapel of Bates & Evans, Sonoma. Thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma.

Rosary will be recited Sunday eve., at 8 o'clock, followed by services under the auspices of Sonoma Valley Grange No. 407.

	Amount Paid		Balance		Date			Amount Paid		Balance	
...alance.....			$.....				To Balance Forward....			$.....	
.....	$.....		$.....				By Payment.....	$.....		$.....	
.....	$.....		$.....		March 4 52		in full	$ 712	95	$	
.....	$.....		$.....				" "	$.....		$.....	
.....	$.....		$.....				" "	$.....		$.....	
.....	$.....		$.....				" "	$.....		$.....	
.....	" "	$.....		$.....				" "	$.....		$.....
.....	" "	$.....		$.....				" "	$.....		$.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

100

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry February 14 1952

Name of Deceased Loretta K. Gray (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Box 105 Glen Ellen

☐ Husband ☐ Wife ☐ Widow John H.

or..... of Age of Husband or Wife (if living).....Years

Charge to George E. Gray

Address. Adams

Order given by.....
(or informant)

...

...ate War No.

...t. home No.
(Social Security Number)

...l Address

...n Feb 14, 1952 5:45 A.
(Date) (Hour)

...July 17, 1865

...86 6 27
(Years) (Months) (Days)

...ral Feb 15 Fri 2:30 P. M.
(Date) (Day of Week) (Hour)

...hapel of the Chimes Oakland

...Methodist
(Address)

...e Deceased Prod.

...nnsylvania

...e State
(or U. S. or City or County) (Years) (Months)

...n. Home

...h Coronary Occlusion

...Causes

...

...rsician Vernon Silversheld
(or Coroner)

...Santa Rosa, Calif.

...er George E. Earley

...

...of Mother Mary Ruchee

...e:

...ns to

...Cedar Rose
(State Color and Number)

...by Golden State C. Co.

...apel of the Chimes, Oakland

Complete Funeral (except outlays)	$ 365 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from Receptacle	5 00
Taking Remains to Inscription	7 50
Trip to Coroner's Inquest Interment	5 00
Delivering Box to Lot	50
Deliver Flowers to	18 10
Removal Charges. To Chapel of the Chimes	18 10
Procuring Burial Permit... Oakland (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	50 —
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges. Oakland	
Personal Service. Methodist Minister	10 —
... line Death Notices in ... Papers	
Oakland Tribune (Names of Newspapers)	4 10
2 c/c	3 00
Sales Tax	5 48
Total Footing of Bill	$ 455 68
Less 18.25 - 30 days	$ 18 25
Balance	$ 437 43

Entered into Ledger, page .....or below.

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-52	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 15-52	Prefull	437 43	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... February 16 ...19 52

Name of Deceased... Aline Lourdeaux ... F. W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 77 - Sonoma, Calif. ☐Husband ☐Wife ☐Widow } Emile -
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Julia B. McDermott (daughter)

Address Henry Lardeaux (Son)

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.....

Occupation At home ... no.....
(Social Security Number)

Employer and Address.....

Date of Death Feb 15, 1952 ... 11 P.M.
(Date) (Hour)

Date of Birth July 15, 1867.....

Age 84 ...
(Years) (Months) (Days)

Date of Funeral Feb 18 ... Mon - ... 9:30 A.M.
(Date) (Day of Week) (Hour)

Services at St. Francis -
Sonoma Valley Grange #407
Clergyman service following Rosary.....
(Address)

Religion of the Deceased Prod. -

Birthplace France -

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Michael N. Mikita MD
(or Coroner)

His Address Boyes Springs, Calif. -

Name of Father Eugene Jarrat

His Birthplace France

Maiden Name of Mother Catherine Charpentier

Her Birthplace France -

Motor / Ship } Remains to.....

Size of Casket Orchid -
(State Color and Number)

Manufactured by Golden State Casket Co -

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 464	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 16 - 24 4 8 (State Kind and Color)	16	48
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Three Graves	180	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mass	15	-
... line Death Notices in ... Papers		
Examiner	9	40
(Names of Newspapers) Local, Posted	3	61
Sales Tax	7	41
Total Footing of Bill	$ 735	90
Less 2395 - 30 days -	$ 23	95
Balance	$ 712	95
Entered into Ledger, page ... or below.		

LOURDEAUX—In Sonoma, Calif., Feb. 15, 1952, Aline Lourdeaux, beloved mother of Emile E. and Joseph A. Lourdeaux of San Francisco, Henry Lourdeaux of Sonoma, and Mrs. Julia B. McDermott of Boyes Springs; also leaves 7 grandchildren and 21 great grandchildren; a native of France; aged 84 years.

Friends are invited to attend the funeral services Mon., Feb. 18, at 9:15 a. m. from The Chapel of Bates & Evans, Sonoma. Thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma.

Rosary will be recited Sunday eve., at 8 o'clock, followed by services under the auspices of Sonoma Valley Grange No. 407.

	Amount Paid		Balance		Date		Amount Paid		Balance	
alance			$			To Balance Forward			$	
	$		$			By Payment	$		$	
	$		$		March 4 52	In full	$ 712	95	$	
	$		$			" "	$		$	
	$		$			" "	$		$	
	$		$			" "	$		$	
" "	$		$			" "	$		$	
" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

102

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry. February 19 1952

Name of Deceased. Adrien Issalis

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 1 Glen Ellen, Cal. ☐Husband ☐Wife ☐Widow } Marie

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Marie Issalis

Address. Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Farmer No.: (Social Security Number)

Employer and Address.....

Date of Death Feb 19, 1952 - 2 P.M. (Date) (Hour)

Date of Birth. June 4, 1879

Age. 72 (Years) 7 (Months) 25 (Days)

Date of Funeral Feb 22 - Fri. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman..... (Address)

Religion of the Deceased. Catholic

Birthplace France

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Driving Car, Near Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician. Michael M. Mikkelsen M.D. (or Coroner)

His Address Bayes Springs, Calif.

Name of Father..... Issalis

His Birthplace France

Maiden Name of Mother Julia

Her Birthplace France

Motor Ship } Remains to.....

Size of Casket #25-H Grey (State Color and Number)

Manufactured by: Golden State Co.

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 308	—
Casket		
Burial Vault or Box (State Kind)	125	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		1
Folding Chairs, $..... Tarpaulin, $		1
Candelabrum, $..... Candles, $		10
Door Spray, $..... Gloves, $		17 3
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		5 10
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to ..... Jue 1 05	1	03
Trip to Coroner's Inquest 21 03		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Two Graves	120	
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... Mass	15	00
.....		
....line Death Notices in..... Papers		
Santa Rosa (Names of Newspapers)	3	61
Wed & Thurs - Examiner	14	28
Courier Francaise des Etats Unis	3	50
Sales Tax	5	07
Total Footing of Bill	$ 510	49
Less 16 15 - 30 days	$ 16	15
Balance	$ 494	34
Entered into Ledger, page.....or below.		

ISSALIS—In Glen Ellen, Calif., Feb. 19, 1952, Adrien Issalis, dearly beloved husband of Mrs. Marie Issalis of Glen Ellen, beloved father of Mrs. Louise Bouscal of San Francisco, adored grandfather of Lorette Marie Bouscal of San Francisco, loving brother of Marie Roziere of France; a native of France, aged 72 years.

Friends are invited to attend the funeral services Friday, Feb. 22, at 9:15 a. m. from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Thursday evening at 8 o'clock.

Feb

		Amount Paid		Balance		Date		Amount Paid		Balance	
ce				$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Feb 25 52	Jno Issalis	494	34	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry.... Feb. 20 1952

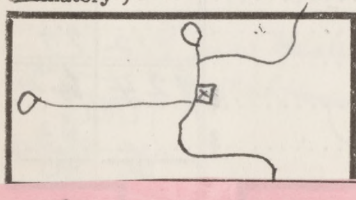
Name of Deceased..... Theoda Dudley Borie ..... White (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Sonoma Valley Lodge ..... ☐Husband ☐Wife ☐Widow or........of } Anderson

Age of Husband or Wife (if living)..........Years

Charge to: John D. Borie		
Address 1367 - 7th St. S.F.		
Order given by (or informant)		
How Secured		
If Veteran, State War no.		
Occupation At home ..... no. (Social Security Number)		
Employer and Address		
Date of Death Feb. 20, 1952 (Date) 10 A. (Hour)		
Date of Birth June 12, 1858		
Age 93 (Years) 8 (Months) 8 (Days)		
Date of Funeral Feb 23 (Date) Sat (Day of Week) 2 P. M. (Hour)		
Services at Chapel		
Clergyman Dr. Buttrum Sonoma (Address)		
Religion of the Deceased Prod —		
Birthplace Iowa		
Resided in the State (or U.S. or City or County) (Years) (Months)		
Place of Death Sonoma Valley Lodge		
Cause of Death Myocardial failure		
Contributory Causes Hypertension & Arteriosclerotic Ht. disease		
Certifying Physician (or Coroner) Michael M. Mikita M.D.		
His Address Boyes Springs, Calif.		
Name of Father — Dudley		
His Birthplace —		
Maiden Name of Mother —		
Her Birthplace —		
Motor / Ship } Remains to		
Size of Casket Grey 1/C (State Color and Number)		
Manufactured by S.F.C. Co.		
Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma		



Lot No. .... Grave No. .... Section No. .... Block No. ....

Item	$	¢
Complete Funeral (except outlays)	308	
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $.......Hair Dressing, $		
Dressing Body, $.......Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $.......Hose, $		
Folding Chairs, $.......Tarpaulin, $		
Candelabrum, $.......Candles, $		
Door Spray, $.......Gloves, $		
Funeral Car, $.......Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	00
__Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $......Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $.....Organist, $		
Railroad or Motor } Tickets, $........ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr. Buttrum	10	—
Organ, Maravucci	5	00
....line Death Notices in ....Papers		
Local, Posted (Names of Newspapers)	3	61
2 C/C	2	00
Sales Tax	5	07
Total Footing of Bill	$403	68
Less	$16	15
Balance	$387	53

Entered into Ledger, page......or below.

Margin notes: 154 / 15 / 169 / 507

Size 6/3	No. 9479	Cov. 462
Description:	Stephen of Sunray	
	M B & Bp	
Handles:	1228-3x0-	

		Balance	Date		Amount Paid		Balance	
				To Balance Forward			$	
				By Payment	$		$	
		$	Feb. 23, 1952	on acct.	$100	—	$	
		$	Feb. 27, 52	In full	$287	73	$	
Took	Statement – 2/23/52	$		" "	$		$	
	" "	$		" "	$		$	
	" "	$		" "	$		$	
	" "	$		" "	$		$	

Insurance $............ Names of Lodges............ Insurance Companies............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to............ (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within............days from date. Interest to accrue from maturity at the rate of...........% per annum.

Signed............

Witness............ Address............

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry Feb 23 1952

Name of Deceased August Joseph Rouquie W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 52- Vineburg, Caly. ☐Husband☐Wife☐Widow or..........of Marie — Age of Husband or Wife (if living)..........Years

Charge to Mrs. Marie Rouquie

Address above

Order given by .... (or informant)

How Secured ....

If Veteran, State War No.

Occupation Fruit farmer No. (Social Security Number)

Employer and Address ....

Date of Death Feb 23, 1952 (Date) 7 A.M. (Hour)

Date of Birth March 24 1881

Age 70 (Years) 10 (Months) 29 (Days)

Date of Funeral Feb 25 (Date) monday (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman I. O. O. F. # 28 Sonoma (Address)

Religion of the Deceased Prod.

Birthplace San Francisco

Resided in the State.......... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death..........

Contributory Causes..........

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father August Rouquie

His Birthplace France

Maiden Name of Mother Phillipine Combatula

Her Birthplace France

Motor / Ship } Remains to..........

Size of Casket Metal Silver (State Color and Number)

Manufactured by S. F. C. Co.

~~Cemetery~~ / Crematory } Mt. Cemetery Sonoma

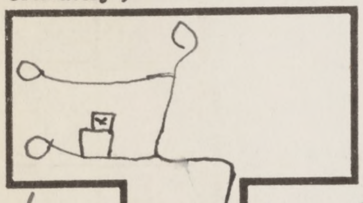


Diagram of Lot or Vault

Lot No.......... Grave No.......... Section No.......... Block No.......... Owner..........

1rst Plot East of Campbell

Item		$	¢
Complete Funeral (except outlays)	$	821	-
Casket			
Burial Vault or Box (State Kind)		15	-
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $.....			
Dressing Body, $..... Underwear, $.....			
~~Suit or Dress~~ Tie 1.00 03 (State Kind and Color)		1	03
Slippers, $..... Hose, $ Shirt 2.75			
Folding Chairs, $..... Tarpaulin, $ 2.81 (.08)		2	81
Candelabrum, $..... Candles, $.....			
Door Spray, $..... Gloves, $.....			
Funeral Car, $..... Ambulance, $.....			
Limousines to Cemetery.....@ $			
Extra Limousines.....@ $			
Autos to R. R. Station.....@ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)		5	00
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $.....			
Gross Total for Sales Tax	$		
Outlay for Lot 2 Posts 2 graves		4	00
Cremation			
Flowers, $..... Palms, $..... Matting, $.....			
Rental of Tent, $..... of Temporary Vault, $.....			
Opening of Grave or Tomb		50	-
Lining Grave, $..... Lowering Device, $.....			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $.....			
Railroad or Motor } Tickets, $..... Aero-plane Service, $.....			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....line Death Notices in.....Papers			
Examiner (Names of Newspapers)		9	40
Local, Pasted		3	61
Sales Tax		12	77
Total Footing of Bill	$	924	62
Less 41.80 - 30 days	$		62
Balance	$	41	80
Entered into Ledger, page.....or below.		882	82

Margin notes: 410.58 / 15.15 / 3.75 / 429.25 / 12.8775

Date		Amount Paid	Balance	Date		Amount Paid	Balance
			$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	March 17 1952	" " Full	$ 882 82	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$
3/12/52	statement	$	$		" "	$	$

National Cemetery.

ROUQUIE—In Vineberg, Calif., February 23, 1952, August Joseph Rouquie, dearly beloved husband of Mrs. Marie Rouquie of Vineburg, beloved father of Pierre Rouquie of San Francisco, adored grandfather of Nancy Lee Rouquie of San Francisco, loving brother of Louis Rouquie of Vineberg, loving uncle of Emile Rouquie and Mrs. Erma Milkie of Vineburg, Mrs. Leah Corvella of Martinez, Louis and Rene Narberse of Concord; a native of San Francisco, aged 70 years.

Friends are invited to attend the funeral services Monday, February 25 at 2 p. m. from the chapel of Bates & Evans, Sonoma, Calif., under the auspices of Sonoma Lodge No. 28, I. O. O. F. Interment, Mountain Cemetery, Sonoma.

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 27 1952

Name of Deceased Don Ruth W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 749 South 46th St. S.F. ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Al. Ruth

Address Abane

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation None None (Social Security Number)

Employer and Address.....

Date of Death Feb. 27, 1952 (Date) 8:27 A. (Hour)

Date of Birth June 6, 1946

Age 5 (Years) 8 (Months) 21 (Days)

Date of Funeral Feb 28, (Date) Thurs (Day of Week) 3 P. (Hour) M.

Services at Chapel

Clergyman Rev. L. O. Hall Eldridge — (Address)

Religion of the Deceased Prod.

Birthplace California

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes.....

.....

Certifying Physician Thomas L. Nelson M.D. (or Coroner)

His Address Sonoma State Home —

Name of Father Al. J. Ruth

His Birthplace Oklahoma

Maiden Name of Mother Pearson

Her Birthplace Virginia

Motor Ship } Remains to.....

Size of Casket 4/0 — White Lamb — (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif. —

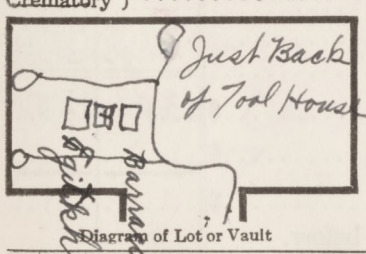


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	123 —
Casket		
Burial Vault or Box (State Kind)		10 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		1 50
Suit or Dress (State Kind and Color)		6 10
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		7 50
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		2 50
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Posts 4 graves		8 00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		35 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. L. O. Hall		10 —
Music Terrace Marcus		10 —
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		2 15
Total Footing of Bill	$	203 15
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

SIZE 4/0 No. 0 Cov. Wht Lamb

DESCRIPTION: Lined 250

HANDLES: 4-# 120-Hdls

		Amount Paid		Balance	
Date					
	To Balance Forward			$	
	By Payment	$		$	
Feb 28 1952	J. M. Ruth	$	203 15	$	
	"	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 27 1952

Name of Deceased Joseph Bellamy King W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 354 South Main St. Sebastopol ☐ Husband ☐ Wife ☐ Widow
or Caly of Age of Husband or Wife (if living)..... Years

Charge to: C. A. Gordon

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation Ret. Farmer No. (Social Security Number)

Employer and Address.....

Date of Death Feb. 27, 1952 (Date) 7 P. (Hour)

Date of Birth Nov. 22, 1858

Age 93 (Years) 3 (Months) 5 (Days)

Date of Funeral March 1, Sat. (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel of the Chimes S.R.

Clergyman Baptist Santa Rosa (Address)

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Hypertensive Cardio

Contributory Causes Vascular disease
Generalized Arteriosclerosis

Certifying Physician F. Campbell M.D. (or Coroner)

His Address Sonoma County Hospital

Name of Father John King

His Birthplace Canada

Maiden Name of Mother Eva May Starrett

Her Birthplace Canada

Motor / Ship } Remains to.....

Size of Casket Super

Manufactured by: Butler Casket Co. (State Color and Number)

Cemetery / Crematory } Chapel of the Chimes, Santa Rosa

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 300	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1.50
Dressing Body, $ ..... Underwear, $		3.00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		2.00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Democrat		4.00
Sales Tax		4.50
Total Footing of Bill	$ 308	50
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 3, 1952	" " Judd	$ 308 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 28 1952

Name of Deceased Henry Clark Davis (M.D.)

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1450 - Greenwich St. S.F. ☒ Husband ☐ Wife ☐ Widow } Muriel Davis
Tel. Graystone 4-3027 or.....of } Age of Husband or Wife (if living).....Years

Charge to: Canadian Bank of Commerce

Address 344 Pine St. - attn: Mr. Halliday -

Order given by.....
(or informant)

How Secured.....

If Veteran, State War no

Occupation M. D. no
(Social Security Number)

Employer and Address.....

Date of Death Feb. 28, 1952 - 6:15 P
(Date) (Hour)

Date of Birth April 1, 1888

Age 63
(Years)

Removal
Date of Funeral 2/29/52 - Fri. - aft. - M.
(Date) (Day of Week) (Hour)

Services at N. Gray & Co

Complete Funeral (except outlays)	$	448	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)			22 3
Slippers, $ ... Hose, $			6 72
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			

Her Birthplace Canada

Motor / Ship } Remains to

Size of Casket 6/6 #1909 HP. cov 87. metalic cloth
(State Color and Number)

Manufactured by S.F. 6.60

Cemetery / Crematory } N. Gray & Co S.F.

Delivered to N. Gray & Co S.F.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
....line Death Notices in .....Papers (Names of Newspapers)			
Sales Tax		6	72
Total Footing of Bill	$	454	72
Less 22.40 30 days	$	22	40
Balance	$	432	32

Entered into Ledger, page.....or below.

Feb 29 1952 NO. 07310

RECEIVED FROM Bates + Evans

DOLLARS

Personal effects and Wrist watch of Mr. H. C. Davis

HOW PAID | BALANCE DUE

$ _____ | H Cartwright

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Date		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
					By Payment		
					" "		
					" "	432 32	
					" "		
					" "		
				Mar 5 1952	" "		
	" "	$	$		" "	$	$

SIZE 6/6 No. 1909- H.P Cov. 87

DESCRIPTION: Sabina Panel & Pillow
Full lined Bianca Cr Velvet Egg. SR B & Bp

HANDLES: 7300-6x2- Hdls & Corners Spt & NT

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

106

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 27 1952

Name of Deceased Joseph Bellamy King W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 354 South Main St. Sebastopol ☐ Husband ☐ Wife ☐ Widow
Caly or ..... of Age of Husband or Wife (if living) ..... Years

Charge to: C. A. Gordon

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation Ret. Farmer no (Social Security Number)

Employer and Address.....

Date of Death Feb. 27, 1952 7 P. (Date) (Hour)

Date of Birth Nov. 22 1858

Age 93 (Years) 3 (Months) 5 (Days)

Date of Funeral March 1, Sat. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes P.R.

Clergyman Baptist — Santa R (Address)

Religion of the Deceased Prod.

Birthplace Canada

Resided in the State..... (or U. S. or City or County) (Years)

Place of Death Sonoma County Hosp

Cause of Death Hypertensive - Cardio -

Contributory Causes Vascular disease

Generalized Arteriosclerosis

Certifying Physician F. Campbell M. (or Coroner)

His Address Sonoma County Hos

Name of Father John King

His Birthplace Canada

Maiden Name of Mother Eva May Starrett

Her Birthplace Canada

Motor / Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by: Butler Casket Co.

Cemetery / Crematory } Chapel of the Chimes, Santa Rosa

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 300	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1.50
Dressing Body, $ ..... Underwear, $		3.00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		2.50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in .....Papers		
(Names of Newspapers)		
Democrat	4 00	
Sales Tax	4. 50	
Total Footing of Bill	$ 308 50	
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 3, 1952	" " Funeral	$ 308 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 28 1952

Name of Deceased Henry Clarke Davis (M.D.) ✝

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1450 - Greenwich St. S.F. Tel. Graystone 4-3027

☒ Husband ☐ Wife ☐ Widow } Muriel Davis (What Race)
or..... of } Age of Husband or Wife (if living).....Years

Charge to: Canadian Bank of Commerce

Address 344 Pine St. - attn: Mr. Vallisey -

Order given by.....
(or informant)

How Secured.....

If Veteran, State War No.

Occupation M. D. No.
(Social Security Number)

Employer and Address.....

Date of Death Feb. 28, 1952 - 6:15 P.
(Date) (Hour)

Date of Birth April 1, 1888

Age 63
(Years)

Removal
Date of Funeral 2/29/52 Fri. afternoon M.
(Date) (Day of Week) (Hour)

Services at N. Gray & Co -

(Address)

Clergyman.....

Religion of the Deceased V

Birthplace Canada

Resided in the State.....
(or U.S. or City or County) (Years) (Months)

Place of Death Bayes Blvd. Bayes Springs -

Cause of Death Coronary Occlusion

Contributory Causes Left Main -

.....

Certifying Physician Vernon Silversheild
(or Coroner)

Address Santa Rosa Calif

Name of Father Thomas Daniel

Birthplace Canada -

Maiden Name of Mother Elizabeth Irwin

Her Birthplace Canada -

Motor / Ship } Remains to.....

Size of Casket 6/6 #1909 H.P. cov 87 metalic cloth
(State Color and Number)

Manufactured by S.F. Co. Co -

Cemetery / Crematory } N. Gray & Co S.F.

Delivered to
N. Gray & Co
S.F.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 448	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		22 3
Slippers, $ ... Hose, $		6 72
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	6	72
Total Footing of Bill	$ 454	72
Less 22.40 30 days	$ 22	40
Balance	$ 432	32

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Balance Forward						
	By Payment						
	" "						
	" "					$ 432 32	
	" "						
	" "						
	" "						
	" "						

SIZE 6/6 No. 1909- H.P Cov. 87

DESCRIPTION: Sabina Panel & Pillow
Full lined Bianca Cr Velvet Egg. SR B & Bp

HANDLES: 7300-6x2- Hdls & Corners Spt & NT

Mar 3/52 J. Feineman

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 4 1952

Name of Deceased Mary Frances Thompson White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 20 - Glen Ellen ☐Husband ☐Wife ☐Widow } None

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Lucy Thompson

Address Abouts

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death March 4, 1952 (Date) 7:30 P. (Hour)

Date of Birth June 25 1871

Age 80 (Years) 8 (Months) 9 (Days)

Date of Funeral March 7 Fri (Date) (Day of Week) 2 P. M. (Hour)

Services at Graveside

Clergyman Leonard Ruch (Address)

Religion of the Deceased Prod -

Birthplace Glen Ellen

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Eldrano Convalescent Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll B. Andrews MD (or Coroner)

His Address Sonoma, Calif.

Name of Father William A. Thompson

His Birthplace ~~Ind~~ Kentucky

Maiden Name of Mother Fredonia Shinn

Her Birthplace Arkansas

Motor / Ship } Remains to .....

Size of Casket #98½ - Brocade Silver (State Color and Number)

Manufactured by Golden State C. Co. -

Cemetery / Crematory } Thompson Private - Sonoma Mt. Rd -

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	175	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		15 4
Slippers, $ ..... Hose, $		1 1
Folding Chairs, $ ..... Tarpaulin, $		169 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		5.07
Limousines to Cemetery ..... @ $		-
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
C.		
....line Death Notices in ..... Papers		
Democrat (Names of Newspapers)	4	00
Sales Tax	5	07
Total Footing of Bill	$ 387	07
Less 16.15 - 30 days	$ 16	15
Balance	$ 370	92

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	March 19, 1952	" Jul	$ 370 92	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..March 22.....19.52

Name of Deceased....Dorothy Valente.... W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 301 West Napa St. Sonoma - ☐Husband ☐Wife ☐Widow } John (Jack)

Charge to: Jack Valente - or.....of } Age of Husband or Wife (if living).....Years

Address..Abasee

Order given by: She Casket to Ling Funeral Home (or informant)

How Secured: 9/5- East Grand Blvd - Detroit, Michigan -

If Veteran, State War...No.....

Occupation..~~Housewife~~ No - (Social Security Number)

Employer and Address .....

Complete Funeral (except outlays)	$	449 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
		22450
		15
		23959 3
		71450
trict)		
er's) $		
	$	
		45 50
$		
$		
$		
.)		1 —
		10 —
....me Death Notices in.....Papers		
.....Local Posted		3 61
(Names of Newspapers) Tues. Weds.-Examiner		14 38
Sales Tax		7 19
Total Footing of Bill ...Pistazi + Shipping	$	545 58
Less 231 20 - 20 days value	$	5 16
	$	350 74
Balance	$	23 20
Entered into Ledger, page.....or below.		527 54

Manufactured by S.F. 6.60

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

CHAPEL OF THE CHIMES

CREMATORIUM - COLUMBARIUM - MAUSOLEUM

REDWOOD HIGHWAY AT HEARN AVENUE

SANTA ROSA — CALIFORNIA

TELEPHONE - SANTA ROSA "6R"

March 31, 1952

Bates & Evans
Sonoma, Calif.

Re: Dorothy Valente, deceased

Preparation for shipment	2.50
Express. prepaid	2.66
Total	5.16

Paid 4/9/52
Chapel of the Chimes
by Everett Foster

"Let me with mine eyes see the beautiful;
Let me with mine ears hear the harmonious.
Let me in mine allotted days
Do mine allotted tasks
In a beautiful way."

Statement March 31, 52

Date	Amount Paid	Balance	Date		Amount Paid	Balance
	$	$		To Balance Forward	$	$
	$	$		By Payment	$	$
	$	$	April 1, 52	" " Cash	$ 527 54	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$

VALENTE—In Sonoma, Calif., March 22, 1952, Dorothy Valente, dearly beloved wife of John "Jack" Valente of Sonoma, beloved sister of Bert Bernard and the late Edythe Phillips, loving aunt of Madelyn Phillips; a native of Michigan, aged 52 years. A member of Mission Circle No. 139 U. A. O. D.

Friends are invited to attend the funeral services Thursday, March 27, at 10 a. m. from the Chapel of Bates & Evans, Sonoma, Calif. Rev. Olan Terrell officiating; also services under the auspices of Mission Circle No. 139, U. A. O. D., Wednesday evening at 8 o'clock. Inurnment, Chapel of the Chimes, Santa Rosa.

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Embassy Full lined
Fringe ofn overlay Sr B & Bp

HANDLES: 652-6x2- Hdls

Insurance Companies.....

resources Legally available to.....
(Firm Name of Funeral Directors.)

me within.....days from date. Interest to accrue from

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

108

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 4 1952

Name of Deceased Mary Frances Thompson White

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 20 - Glen Ellen ☐ Husband ☐ Wife ☐ Widow } none

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Miss Lucy Thompson

Address Abacus

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death March 4, 1952 7:30 A. (Date)

Date of Birth June 25, 1871

Age 80 (Years) 8 (Months)

Date of Funeral March 7 - Fri (Date) (Day of Week)

Services at Graveside

Clergyman Leonard Ruch (Add

Religion of the Deceased Prod.

Birthplace Glen Ellen

Resided in the State Life (or U. S. or City or County)

Place of Death Elverado Sanvale

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll B. Gr (or Coroner)

His Address Sonoma, Calif.

Name of Father William A. Tho

His Birthplace Kentuck

Maiden Name of Mother Fredonia G

Her Birthplace Arkansas

Motor Ship } Remains to .....

Size of Casket #98½ - Brocade (State Color and Number)

Manufactured by Golden State

Cemetery Crematory } Thompson Private - Sonoma Mt. Rd -

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		15 7/
Slippers, $ ..... Hose, $		
Folding Chairs $		
Democrat (Names of Newspapers)	4	00
Sales Tax	5	07
Total Footing of Bill	$ 38 7	07
Less 16.15 - 30 days	$ 16	15
Balance	$ 31 0	92

Entered into Ledger, page ..... or below.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-52	To Above Balance - Statement		$		To Balance Forward		$
	By Payment	$	$	March 19, 1952	By Payment	$ 310 92	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 22 19 52

Name of Deceased Dorothy Valente W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 301 West Napa St. Sonoma — ☐Husband ☐Wife ☐Widow of John (What Race) (Jack)

Charge to: Jack Valente

Address: Abacus

Order given by: Ling Funeral Home (or informant) Shipped casket to

How Secured: 915 East Grand Blvd Detroit, Michigan

If Veteran, State War No.

Occupation Housewife No. — (Social Security Number)

Employer and Address

Date of Death March 22, 1952 9 P.M. (Date) (Hour)

Date of Birth April 6, 1899

52 (Years) 11 (Months) 16 (Days)

Date of Funeral March 27 Thurs. 10 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Detroit, Michigan

Added in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman M.D. (or Coroner)

Address: Sonoma, Calif.

Name of Father Bert Bernard

Birthplace

Maiden Name of Mother Harnett

Birthplace

Disposition } Remains to

Kind of Casket White pine (State Color and Number)

Manufactured by S.F. Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	449 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		22 50
Folding Chairs, $ ... Tarpaulin, $		15
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		23 95 3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		7 15 50
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced C/C (Mission Circle)		1 —
Out of town Undertaker's Charges		
Personal Service Rev. Terrell		10 —
... No ... Music		
... line Death Notices in ... Papers		
Local Posted		3 61
(Names of Newspapers) Tues. Weds. - Examiner		14 38
Sales Tax		7 19
Total Footing of Bill ... Postage & Shipping	$	545 58 5 16
Less 2.31 20 - 20 days Water	$	350 7.4
Balance	$	23 20
Entered into Ledger, page ... or below.		527 54

Date		Amount Paid	Balance
			$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$

State must March 31, - 2

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$ 527.54	$
April 1, 1952	" " Jas Jack	$	$
	" "	$	$
	" "	$	$
	" "	$	$

VALENTE—In Sonoma, Calif., March 22, 1952, Dorothy Valente, dearly beloved wife of John "Jack" Valente of Sonoma, beloved sister of Bert Bernard and the late Edythe Phillips, loving aunt of Madelyn Phillips; a native of Michigan, aged 52 years. A member of Mission Circle No. 139 U. A. O. D.

Friends are invited to attend the funeral services Thursday, March 27, at 10 a. m. from the Chapel of Bates & Evans, Sonoma, Calif. Rev. Olan Terrell officiating; also services under the auspices of Mission Circle No. 139, U. A. O. D., Wednesday evening at 8 o'clock. Inurnment, Chapel of the Chimes, Santa Rosa.

SIZE 6/6 NO. 4538 COV. 272

DESCRIPTION: Sabina of Embassy Full lined Fringe ofn overlay Sr B & Bp

HANDLES: 652-6x2- Hdls

Insurance Companies

resources Legally available to (Firm Name of Funeral Directors.)

me within days from date. Interest to accrue from

Signed

Witness Address

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 23 1952

Name of Deceased George S. Hoover W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 493D Sonoma ☐Husband ☐Wife ☐Widow } Marie

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Marie Hoover

Address above

Order given by (or informant)

How Secured See Atty Krueger

If Veteran, State War No

Occupation Truck Driver 572-09-0944 (Social Security Number)

Employer and Address Wilder-Broskoff Co.

Date of Death March 23, 1952 (Date) (Hour)

Date of Birth Nov 10, 1906

Age 45 (Years) (Months) (Days)

Date of Funeral March 27 Thurs 3 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman: Rev L.O. Hall Cal Vista (Address)

Religion of the Deceased Prod

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Near Wallotis

Cause of Death:

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Hoover

His Birthplace ~~Indiana~~ Ohio

Maiden Name of Mother

Her Birthplace Indiana

Motor Ship } Remains to

Size of Casket 95-H Grey (State Color and Number)

Manufactured by: Golden State Co.

Cemetery ~~Crematory~~ } Mt. Cemetery Sonoma

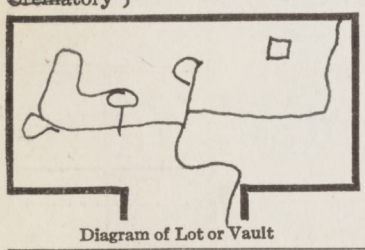

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 308	-
Casket		
Burial Vault or Box (State Kind)	75	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Crosts	2	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Casket Spray	30	-
Out of town Undertaker's Charges		
Personal Service Rev Hall	10	-
Music Marguerite Dunbar	10	00
....line Death Notices in ..... Papers		
Sealed (Names of Newspapers)	3	61
Sales Tax	5	07
Total Footing of Bill	$ 428	68
Less 16.15 30 days	$ 16	15
Balance	$ 412	53

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
4/8/52	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
April 25, 1952	Paid by Industrial Indemnity Company	$ 400	$
	" "	$	$
4/30/52	Ck from Rolland Krueger	$ 12 53	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 26 19 52

Name of Deceased Minnie Schoeller W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 64 - Vineburg, Calif. ☐Husband ☐Wife ☐Widow of } Edward John

Charge to: Edward J. Schoeller Estate Age of Husband or Wife (if living)..... Years

Address Aboard -

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death March 26, 1952 - 1a (Date) (Hour)

Date of Birth May 13, 1875

Age 76 (Years) 10 (Months) 13 (Days)

Date of Funeral March 28 - Fri (Date) (Day of Week) 2:30 P.M. (Hour)

Services at: ~~Chapel~~ Assembly of God

Clergyman: Rev. Davis Boyes Spring Church (Address)

Religion of the Deceased Prod.

Birthplace San Francisco, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Wolf Henry

His Birthplace Poland

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket Jeese 4 C. (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Mt. Cemetery Sonoma

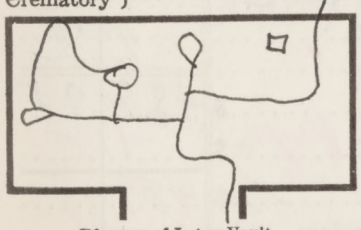

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box Steele Vault (State Kind)	175	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		165
Folding Chairs, $ ... Tarpaulin, $		175
Candelabrum, $ ... Candles, $		340
Door Spray, $ ... Gloves, $		3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		10 20
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister & Music, By family		
... line Death Notices in ... Papers	3	61
Posted Local (Names of Newspapers)		
Sales Tax	10	20
Total Footing of Bill	$ 573	81
Less 25.25 - 30 days!	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
4/8/52	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 9, 1952	" on Acct	$130 67	$
Aug 9, 52	" " "	$100 -	$
	" "	$	$
Nov. 28, 1952	" full	343 14	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

112

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 26 1952

Name of Deceased Louis Pellandini W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence P.O. Box 335 - Sonoma, Calif. ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Louis Pellandini

Address above

Order given by..... (or informant)

How Secured:

If Veteran, State War

Occupation Ranch Labarer 546-14-5509 (Social Security Number)

Employer and Address

Date of Death March 26, 1952 - 10:55 a.m. (Date) (Hour)

Date of Birth March 19, 1879

Age 73 (Years) 0 (Months) 7 (Days)

Date of Funeral March 29 - Sat. 9:30 a.m. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death:

Contributory Causes.....

.....

Certifying Physician (or Coroner)

His Address Sonoma Co. Hospital

Name of Father.....

His Birthplace Switzerland

Maiden Name of Mother.....

Her Birthplace Switzerland

Motor Ship } Remains to.....

Size of Casket Dbl. 1/2 C. Taupe Oyster (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

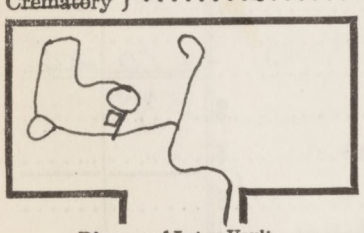

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	383 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		50 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... 2 Mass		15 00
.....		
.....line Death Notices in .....Papers		
..... Democrat		4 00
..... (Names of Newspapers) Posted, Legal		3 61
..... Examiner		7 14
Sales Tax		6 20
Total Footing of Bill	$	488 95
Less 1910 - 30 days 1%	$	1 -
Balance	$	489 95

Entered into Ledger, page.....or below.

3/29/52 Statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Balance		$		To Balance Forward	$	$
	"	$	$		By Payment	$	$
	"	$	$	April 2, '52	In full	$469 05	$
	"	$	$		" "	$	$
	"	$	$		" "	$	$
	"	$	$		" "	$	$
	"	$	$		" "	$	$
	"	$	$		" "	$	$

PELLANDINI—In Santa Rosa, March 26, 1952, Louis Pellandini Sr., dearly beloved father of Louis Pellandini Jr., Mrs. Annie Brisch, Mrs. Ida Hammond, Mrs. Lena Giacopazzi of Sonoma, William and Albert Pellandini of San Francisco, brother of Mrs. P. La Franchi of Novato; a native of Switzerland, aged 73 years.
Friends are invited to attend the funeral services Saturday, March 29, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mountain Cemetery, Sonoma. Rosary will be recited Friday evening at 8 p. m.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 30 19 52

Name of Deceased Joseph Omer Berkland W.

☐ Married ☑ Single ☐ Widowed ☒ Divorced (What Race)

Residence P.O. Box 47 - Glen Ellen, Calif. ☐Husband ☐Wife ☐Widow of Gertrude

Charge to: James Omer Berkland Age of Husband or Wife (if living).....Years

Address Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War no

Occupation Store keeper (Social Security Number)

Employer and Address .....

Date of Death March 30, 1952 2:30 A. (Date) (Hour)

Date of Birth June 9, 1902

Age 49 (Years) (Months) (Days)

Date of Funeral April 3 - Thurs. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes

Clergyman: Eugene Cahill S.J. By family (Address)

Religion of the Deceased Prod

Birthplace Eagle Grove, Iowa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Hemorrhage, due to

Contributory Causes Gun shot Wound

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father Hans Berkland

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace Norway

Motor Ship } Remains to.....

Size of Casket #.2.0.A. Steele (State Colors and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		80
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		40
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister, themselves -		
...line Death Notices in ___ Papers		
no notices (Names of Newspapers)		
Sales Tax	2	40
Total Footing of Bill	$ 207	40
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Took statement April 1, 1952

Date		Amount Paid	Balance
To be Paid	100 per mo - To Above Balance	$	$
Feb. 8, 54	By Payment	$ -	$
Mar 2, 54	" "	$ 5 -	$
July 2, 54	on acct	$ 5 -	$ 70 -
Aug. 5, 52	" "	$	$
	" full	$ 70	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
April 7, 1952	By Payment on acct	$ 20 00	$
May 1	" " " "	$ 10 -	$
June 3, 52	" " "	$ 10 -	$
July 7, 1952	" "	$ 10 -	$
Aug 5, 52	"	$ 10 -	$
Sept 9, 52	" J Evans	$ 10 -	$
Oct 1, 1952	" "	$ 10 -	$
Nov 3, 1952	"	$ 10 -	$
Dec 1, 52	"	$ 5 -	$
Jan 2, 53	"	$ 5 40	$
Feb 2, 53	"	$ 7.00	$
July 1, 53	"	$ 5. -	$
Sept 2, 53	"	$ 5 -	$
Nov 2, 1953	"	$ 5 -	$

= 122.40

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

114

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 9 1952

Name of Deceased Richard Glen Farmer white

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Drive, El Verano ☒Husband ☐Wife ☐Widow

or.....of Jasmine Age of Husband or Wife (if living).....Years

Charge to Mrs Jasmine Farmer

Address P.O. Box 315 El Verano

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation Shipfitter (Social Security Number)

Employer and Address.....

Date of Death April 9, 1952 (Date) 8:30 P.M. (Hour)

Date of Birth July 28, 1906

Age 45 (Years) (Months) (Days)

Date of Funeral 4/11/52 (Date) Fri (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Temple Lodge #14 F. & A.M. (Address)

Religion of the Deceased Prot.

Birthplace Shasta Co. Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Com. Hospital

Cause of Death: Uremia & Pneumonia

Contributory Causes Congestive Ht. disease Hypertensive Cardio renal disease

Certifying Physician William Newman (or Coroner)

His Address Sonoma

Name of Father William R. Farmer

His Birthplace Fairfield Calif.

Maiden Name of Mother Nancy J. Shelton

Her Birthplace Missouri

Motor / Ship } Remains to.....

Size of Casket 95 H Grey (State Color and Number)

Manufactured by Golden State Co.

~~Cemetery~~ / Crematory } Chapel of Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 323	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		16 50
Dressing Body, $.....Underwear, $		3 —
Suit or Dress (State Kind and Color)		48 50
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service 7 A.M. services Dunbar & Marcucci	10	—
....line Death Notices in.....Papers Posted (Names of Newspapers)	36	1
	5	00
Sales Tax		4.85
Total Footing of Bill	$ 386	61
Less	$ 16	15
Balance	$ 370	46

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 10, 52	Mrs Douglas	$370 46	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1952

Name of Deceased Frederick O. Eberhardt (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 2nd St. East Sonoma ☐Husband ☐Wife ☐Widow } Nina

Charge to P.O. Bx. 603 - Sonoma or.....of } Age of Husband or Wife (if living).....Years

Address.... Above - Nina Eberhardt

Order given by..... (or informant)

How Secured:.....

If Veteran, State War yes - 1900

Occupation City Police Judge + 566-44-9266 (Social Security Number)

Employer and Address City of Sonoma

Date of Death April 10, 1952 (Date) (Hour)

Date of Birth March 9, 1886

Age 65 (Years) 1 (Months) 1 (Days)

Date of Funeral April 12 - Sat. - 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel -

Clergyman: F. A. M. - & Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod. -

Birthplace Minnesota

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Carcinoma of

Contributory Causes..... Stomach

.....

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address: Sonoma, Calif.

Name of Father George Eberhardt

His Birthplace Germany -

Maiden Name of Mother Dora Bach

Her Birthplace Germany -

Motor Ship } Remains to.....

Size of Casket 1526 - H.P. Steel Rutland

Manufactured by AAA I (State Color and Number) Style 4-34 - Sutter Casket 60 -

Cemetery Crematory } Chapel of the Chimes J.R.

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 398.	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		1.99
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		5.97
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced one c/c		1 00
Out of town Undertaker's Charges		
Personal Service Dr. Buttrum		10 -
Organ		50 00
....line Death Notices in..... Papers		
Sacramento Bee - (Names of Newspapers)		6 6.5
Democrat		4 00
Local -		3 6.1
		5 97
Sales Tax		
Total Footing of Bill	$	479 23
Less 1.9.9.0. - 30 days	$	19 90
Balance	$	459 33
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 23, 1952	"	$ 459.33	$
	" "	$	$		In full -	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1952

Name of Deceased Frank Evan Roberts W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced unknown (What Race)

Residence: Rt 2 Bx 204 E. Sonoma ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mr. N.B. Thomas

Address... Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Caretaker 571-07-0115A (Social Security Number)

Employer and Address N.B. Thomas

Date of Death April 10, 1952 10:45 P. (Date) (Hour)

Complete Funeral (except outlays)	$ 160	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		80
Barber, $..... Hair Dressing, $.....		2,40
Dressing Body, $..... Underwear, $.....		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrums, $..... Candles, $.....		

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon Frank Roberts

Dated: April 11, 1952

Vernon Stevenhued

Coroner.

Cemetery / Crematory } Chapel of the Chimes, S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

(Names of Newspapers)

Sales Tax	2	40
Total Footing of Bill	$ 222	40
Less 8.00 30 days	$ 8	—
Balance	$ 214	40

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
April 22, 1952	To Above Balance	Statement	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 26 1952	" Full	$214 40	$
	" "	$	$		"	$	$
	" "	$	$		" J. B. Thomas	$	$
	" "	$	$	By	"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 11 1952

Name of Deceased Clara Ann Smith W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1st St. West Sonoma Tel. Olympia 28525

☐Husband ☐Wife ☐Widow } .....
of ..... } Age of Husband or Wife (if living) ..... Years

Charge to: G. J. Aubrey - Son - 5230 Shafter Ave Oakland.

Address Florence M. Hurst (daughter) 1619 Clement St San Francisco

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address .....

Date of Death April 11, 1952 (Date) 10:20 P. (Hour)

Date of Birth Jan. 12. 1870

Age 82 (Years) 2 (Months) 29 (Days)

Date of Funeral April 14 (Date) Mon (Day of Week) 10 A.M. (Hour)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Hayward, Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death El Verano Rest Home -

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif -

Name of Father Alroy Root

His Birthplace Pennsylvania

Maiden Name of Mother Mary McShane

Her Birthplace Ireland -

Motor / Ship } Remains to .....

Size of Casket Orchid ½ Etch (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	464 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		23 2 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		24 7 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		7.41
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... Mass		15 -
..... line Death Notices in ..... Papers		
Typed - Local		3 61
(Names of Newspapers) Examiner		9 20
Sales Tax		7 41
Total Footing of Bill Casket Spray	$	529 22
Less 23.95 - 30 days	$	25 -
Balance	$	564 22
		23 95 -
Entered into Ledger, page ..... or below.		540 27

4/23/52 Mr Aubrey took Statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	ance	$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$	May 14 1952	"	$ 540 27	$
		$	$		"	$	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
	" 30 "	$	$		" "	$	$

SMITH—Sonoma, Calif., April 11, 1952, Clara Ann Smith, beloved mother of A. J. Aubrey of Oakland, and Mrs. Florence M. Hurst of San Francisco, adored grandmother of Florence E. Hurst, Mrs. Claire E. Wilgus, Mrs. Loretta Boyle and James F. Aubrey, also leaves eight great-grandchildren; a native of California; aged 82 years; a member of the N.D.G.W., Sonoma Parlor.

Friends are invited to attend the funeral services Monday, April 14, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

116

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1952

Name of Deceased Frank Evan Roberts W
☐ Married ☐ Single ☐ Widowed ☐ Divorced unknown (What Race)

Residence: Rt 2 Bx 204 E Sonoma ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mr. N.B. Thomas

Address... above —

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War No

Occupation Caretaker 571-07-0115A
(Social Security Number)

Employer and Address N.B. Thomas

Date of Death April 10, 1952 10:45 P
(Date) (Hour)

Birth July 26, 1878
45
(Years) (Months) (Days)

Funeral April 14 Monday 2 P.M.
(Date) (Day of Week) (Hour)

at: Chapel —

an: Science Reader Mrs. Witt —
(Address)

of the Deceased. Prod —

e England

n the State.....
(or U. S. or City or County) (Years) (Months)

Death Sonoma County Hospital

Death Cardio Vascular Renal

ory Causes..... failure

Physician Vernon Silversheild
(or Coroner)

s Santa Rosa Calif.

ther.....

ace. England

ne of Mother.....

ace:.....

ins to.....

et S.O.A. Grey
(State Color and Number)

d by: Golden State C. Co —

Cemetery / Crematory } Chapel of The Chimes S.R.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	160 —
Casket		
Burial Vault or Box		
Embalming Body (State Kind)		80
(Name of Embalmer)		3
Barber, $ ... Hair Dressing, $		2,40
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced. Organ, Marquees		5 00
Out of town Undertaker's Charges		
Personal Service Science Reader Mrs. Witt HP		10 00
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		2 40
Total Footing of Bill	$	222 40
Less 8 00 — 30 days	$	8 —
Balance	$	214 40

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
April 22, 1952	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
April 26 1952	"	$214 40	$
	"	$	$
By N.B. Thomas	"	$	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 11 1952

Name of Deceased Clara Ann Smith W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1 st at West Sonoma

Charge to: G. J. Aubrey - Son - 5230 Olympia 23525

Florence M. Hurst (daughter)

Address 1619 Clement St San Francisco

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address

Date of Death April 11, 1952 - 10:20 P (Date) (Hour)

Date of Birth Jan. 12. 1870

Age 82 (Years) 2 (Months) 29 (Days)

Date of Funeral April 14 Mon 10.9 M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Hayward, Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death El Verano Rest Home -

Cause of Death

Contributory Causes

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif -

Name of Father Abram Root

His Birthplace Pennsylvania

Maiden Name of Mother Mary McShane

Her Birthplace Ireland -

Motor / Ship } Remains to

Size of Casket Orched ½ Etch (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Catholic Cem. Sonoma

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Shafter and Oakland

Complete Funeral (except outlays)	464	-
Casket		
Burial Vault or Box (State Kind)	15 -	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		232 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		247 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		7 41
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25 -	
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15 -	
..... Outline Death Notices in ..... Papers		
..... Typed - Local	3 61	
..... (Names of Newspapers) Examiner	9 20	
	7 41	
Sales Tax	5 29 22	
Total Footing of Bill ..... Casket Spray	$	
Less 23.95 - 30 days	$ 25 -	
Balance	$ 564 22	
	23 95 -	
Entered into Ledger, page ..... or below.	540.27	

4/23/52 Mr Aubrey took Statement

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Balance		$		To Balance Forward		$
	"	$	$		By Payment	$	$
	"	$	$	May 4 1952	" full	$ 540 27	$
	"	$	$		"	$	$
	"	$	$		"	$	$
	"	$	$		"	$	$
	" 30 days	$	$		"	$	$

SMITH—Sonoma, Calif., April 11, 1952, Clara Ann Smith, beloved mother of A. J. Aubrey of Oakland, and Mrs. Florence M. Hurst of San Francisco, adored grandmother of Florence E. Hurst, Mrs. Claire E. Wilgus, Mrs. Loretta Boyle and James F. Aubrey, also leaves eight great-grandchildren; a native of California; aged 82 years; a member of the N.D.G.W., Sonoma Parlor.

Friends are invited to attend the funeral services Monday, April 14, at 9:45 a. m. from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

118

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1952

Name of Deceased Cecilia Marie Ohlemutz W.

☐ Married ☒ Single ☐ Widowed ☒ Divorced (What Race)

Residence Eldridge, Cal. ☐Husband ☐Wife ☐Widow } .....

Charge to George Ohlemutz or.....of } Age of Husband or Wife (if living).....Years

Address 261 Butterfield Rd.

Order given by Sax Anselmo, Cal. (or informant)

How Secured .....

If Veteran, State War No.

Occupation None (Social Security Number) None

Employer and Address .....

Date of Death April 10, 1952 (Date) 7:20 P.M. (Hour)

Date of Birth Oct. 9, 1924

Age 27 (Years) (Months) (Days)

Date of Funeral April 15 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Cal.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes Malnutrition

Chr. Myocarditis

Certifying Physician Pauline Langnecker M.D. (or Coroner)

His Address Sonoma State Home

Name of Father Geo. Ohlemutz

His Birthplace Cal.

Maiden Name of Mother Henrietta Alexander

Her Birthplace Cal.

Motor Ship } Remains to .....

Size of Casket Grey ½ Couch (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17.00 underwear 3.25 24.61 (State Kind and Color)	20	86
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		1.65
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		20.25
Limousines to Cemetery ..... @ $		20.25 3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		6.00 75
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot one grave	65	-
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... 2 Mass	15	00
....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax	5	40
Total Footing of Bill	$ 476	25
Less 17.25 30 days'	$ 17	
Balance	$ 459	01

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement 6/10/52	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	April 15 1952	By Payment	$ 459	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 14 1952

Name of Deceased John Herbert Nunn W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Rt. 184 Glen Ellen, Calif. ☐Husband ☐Wife ☐Widow } Catherine

Charge to Mrs. Catherine Nunn or.....of } Age of Husband or Wife (if living).....Years

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, State War World War I

Occupation Attendant n.s. (Social Security Number)

Employer and Address ~~Sonoma~~ State Home

Date of Death April 14, 1952 (Date) 8:40 A. (Hour)

Date of Birth Nov. 1, 1894

Age 57 (Years) 5 (Months) 13 (Days)

Complete Funeral (except outlays)	$ 652	—
Casket		
Burial Vault or Box Steele (State Kind)	175	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		3 26
Dressing Body, $..... Underwear, $		17 5
Suit or Dress (State Kind and Color)		5 01
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		15 03
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		

April 15 1952 NO. 07313

RECEIVED FROM Bates & Evans

Discharge Papers for DOLLARS

John H. Nunn (deceased).

$ ____ HOW PAID ☐ BALANCE DUE Catherine Nunn

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

His Birthplace Lexington, Kentucky

Maiden Name of Mother Florence Combs

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket Hollywood. (State Color and Number)

Manufactured by Hollywood Casket Co.

Cemetery ~~Crematory~~ } Golden Gate National

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music (Dunbar-Marenco)	10	—
.....line Death Notices in..... Papers		
Local Posted (Names of Newspapers)	3	61
Sales Tax	15	03
Total Footing of Bill 200 —	$ 855	64
Less 4/1 35 — 30 days —	$ 85 7	64
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
4-23-52	Filed With Document		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
June 20 52	" In full	666 29	$
	On Acct.	$	$
	" "	$	$
June 27 52	In full	$ 150 00	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

118

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 10 1952

Name of Deceased Cecilia Marie Ohlemutz W.

☐ Married ☒ Single ☐ Widowed ☒ Divorced (What Race)

Residence Eldridge, Caly ☐Husband ☐Wife ☐Widow } .....

Charge to George Ohlemutz or.....of } Age of Husband or Wife (if living).....Years

Address 261 Butterfield Rd.

Order given by Jas. Anselmo Caly
(or informant)

How Secured

If Veteran, State War No

Occupation None None
(Social Security Number)

Employer and Address

Date of Death April 10, 1952 7:20 P.M.
(Date) (Hour)

Date of Birth Oct. 9, 1924

Age 27 (Years) (Months) (Days)

Date of Funeral April 15 Tue 9:30 A
(Date) (Day of Week) (Hour)

Services at St. Frances
(Address)

Clergyman

Religion of the Deceased Catholic

Birthplace Caly

Resided in the State (or U. S. or City or County) (Years) (Month

Place of Death Sonoma State Home

Cause of Death Broncho-pneumonia

Contributory Causes Malnutrition

Chr. Myocarditis

Certifying Physician Pauline Langnecker
(or Coroner)

His Address Sonoma State Home

Name of Father Jos. Ohlemutz

His Birthplace Caly

Maiden Name of Mother Henrietta Alexander

Her Birthplace Caly

Motor / Ship } Remains to

Size of Casket Grey 2 Coutch
(State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330	-
Casket		
Burial Vault or Box (State Kind)	15	00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17.00 underwear 3.25 (State Kind and Color)	20	86
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		1.65
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		20.25
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15	00
.....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax	5	40
Total Footing of Bill	$ 476	26
Less 17.25 30 days	$ 17	25
Balance	$ 459	01

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Statement 6/10/52	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	April 15 1952	By Payment	$ 459	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 14 1952

Name of Deceased John Herbert Nunn W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Rt. 184 Glen Ellen, Caly ☐Husband ☐Wife ☐Widow of ..... of } Catharine

Charge to Mrs. Catharine Nunn Age of Husband or Wife (if living) ..... Years

Address Abave

Order given by ..... (or informant)

How Secured .....

If Veteran, State War World War I

Occupation Attendant ns (Social Security Number)

Employer and Address Sonoma State Home

Date of Death April 14, 1952 8:40 A. (Date) (Hour)

Date of Birth Mar 1, 1894

Age 57 (Years) 5 (Months) 13 (Days)

Funeral April 16 Wed 11 A. M. (Date) (Day of Week) (Hour)

s at Chapel

nan Jack London Post Am Legion (Address)

n of the Deceased Prod

ace England

l in the State ..... (or U. S. or City or County) (Years) (Months)

f Death Community Hospital

of Death .....

outory Causes .....

.....

ing Physician G. K. McGrath MD (or Coroner)

dress Sonoma Caly

of Father John C. Nunn

His Birthplace Lexington, Kentucky

Maiden Name of Mother Florence Combs

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket Hollywood (State Color and Number)

Manufactured by Hollywood Casket Co.

Cemetery Crematory } Golden Gate National

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 652	—
Casket		
Burial Vault or Box Steele (State Kind)	175	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		326
Dressing Body, $ ..... Underwear, $		175
Suit or Dress (State Kind and Color)		501 3
Slippers, $ ..... Hose, $		15 03
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music (Dunbar-Marcucci)	10	—
.....		
..... line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)	3	61
.....		
.....		
Sales Tax	15	03
Total Footing of Bill 2 a a	$ 855	64
Less 4/1 3.5 - 30 days	$ 85 2 7	64
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-23-52	To Above Balance Filed With Govt	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	June 20 52	" In full	$ 66 29	$
	" "	$	$		On Acct.	$	$
	" "	$	$		" "	$	$
	" "	$	$	June 22 52	In full	$ 150 00	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

120

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 15 1952

Name of Deceased Gladys Gertrude Nordmann W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 4 St. East Sonoma ☐Husband ☐Wife ☐Widow } .....

Charge to Leonard Nordmann P.O. Box 791 Sonoma } of ..... Age of Husband or Wife (if living)..... Years

Address... Yountville, Calif.

Order given by... Frank Nordmann San Mateo

(or informant) 1709 Cottage Grove

How Secured.....

If Veteran, State War... No.

Occupation Clerk ✝ 560-03-3794 (Social Security Number)

Employer and Address Hotz Store

Date of Death April 15 1952 7:45 P.

(Date) (Hour)

Date of Birth June 12, 1892

Age 59 (Years) 10 (Months) 13 (Days)

Date of Funeral April 18 Fri 9:30 A.M.

(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Mrs. Watt Reader (Address)

Religion of the Deceased Prod.

Birthplace California

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John Klotz

His Birthplace.....

Maiden Name of Mother Colorado Mc Connel

Her Birthplace Kentucky

Motor Ship } Remains to.....

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 345	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		1 7 50
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		5 17 50
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to ashes		
Deliver Flowers to Permit 1.50		
Removal Charges Packing 2.50 Extras 2.00	5	00
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Nurse-Hearse-Marcum	10	—
Reader — Mrs Watt	10	—
....line Death Notices in..... Papers		
P.D. Local Posted (Names of Newspapers)	3	61
Press Democrat	6	72
Sales Tax	5	18
Total Footing of Bill	$ 430	51
Less 17.25 — 30 days	$ 17	25
Balance	$ 413	26

Entered into Ledger, page.....or below.

NORDMANN—In Sonoma, April 15, 1952, Gladys Gertrude Nordmann, dearly beloved daughter of Mrs. Colorado Hodinott of Sonoma, beloved mother of Leonard Nordmann of Yountville and Frank Nordmann of San Mateo, adored grandmother of Leonard, Larry and Lee Anne Nordmann, loving sister of Frank Klotz of Sonoma, a very dear friend of Gus Marcy; a native of California, aged 59 years.

Friends are respectfully invited to attend the funeral services Friday, April 18, at 9:30 a. m., from the Bates & Evans Chapel, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

	Amount Paid	Balance	Date		Amount Paid	Balance
e.....		$.....		To Balance Forward	$.....	$.....
.....	$.....	$.....		By Payment	$.....	$.....
.....	$.....	$.....	May 14 52	Leonard Nordmann	$ 413 26	$.....
.....	$.....	$.....		" "	$.....	$.....
.....	$.....	$.....		In full	$.....	$.....
4/22/52 Filed with CRB.	$.....	$.....		" "	$.....	$.....
..... " "	$.....	$.....		" "	$.....	$.....
..... " "	$.....	$.....		" "	$.....	$.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

J

RECORD OF FUNERAL

Total No........ Yearly No. 1 .... Date of Entry April 15 19 52

Name of Deceased Emily S. Jones — W. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 155 Brunswick St. San Francisco — ☐Husband ☐Wife ☐Widow or of John Bartlett Jones — Age of Husband or Wife (if living) .... Years

Charge to John Bartlett Jones

Address above

Order given by .... (or informant)

How Secured ....

If Veteran, State War no

Occupation At home — (Social Security Number)

Employer and Address ....

Date of Death April 15, 1952 (Date) 11:55 P. (Hour)

Date of Birth March 27, 1890

Age 62 (Years) 0 (Months) 18 (Days)

Date of Funeral April 18 (Date) Fri (Day of Week) 1 P. M. (Hour)

Services at Chapel

Clergyman Rev. Van Est Sonoma (Address)

Religion of the Deceased Prot —

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home —

Cause of Death ....

Contributory Causes ....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma —

Name of Father William Hohneman

His Birthplace Germany —

Maiden Name of Mother Augusta Kohlman

Her Birthplace Germany

Motor / Ship } Remains to ....

Size of Casket Below (State Color and Number)

Manufactured by S. F. Casket Co

Cemetery / ~~Crematory~~ } Cypress Lawn Cem. San Mateo Co.

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Item	Details	$	¢
Complete Funeral (except outlays)		464	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $.00 ... Underwear, $			
Suit or Dress 17.00 underwear 3.25 (State Kind and Color)	4461	20	86
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	San Mateo Co (State Number and District)	2	00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax			
Outlay for Lot			
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service	No music		
	Rev. Van Est	10	00
... line Death Notices in ... Papers	Local, Posted (Names of Newspapers)	3	61
Sales Tax		6	96
Total Footing of Bill		507	43
Less	23.20 — 30 days!		
Balance			

(Margin calculations: 232. — / 20.25 / 252.25 / 3 / 7.5675)

Entered into Ledger, page ...... or below.

~~4/16/52 Took statement~~

SIZE 6/6 NO. 4538 COV. 272

DESCRIPTION: Sabina of Embassy Full lined Sr B & Bp Fringe on overlay

HANDLES: 652-6x2- Hdls

1/31/53 Statement & note —

6-30-53 " "

12-2-53 Letter —

2-25-54 Statement

Date			Amount Paid	Balance
		To Balance Forward		$
		By Payment	$	$
April 17,	1952	On acct.	$ 300	$
June 7,	1952	" "	$ 25	$
July 7,	1952	"	$ 15	$
Sept. 5,	52	W. Jones	$ 25	$
Mar 11,	53	" " "	$ 10	$
Nov 27	1954	On acc.	$ 20	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of ....% per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

122

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 19 1952

Name of Deceased Howard Edgar Couper White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1114 Lance Drive Santa Rosa ☒Husband ☐Wife ☐Widow } Florence Fullmer Couper
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Florence Fullmer Couper

Address 1114 Lance Drive Santa Rosa

Order given by " "
(or informant)

How Secured

If Veteran, State War none

Occupation Teacher College Ink
(Social Security Number)

Employer and Address

Date of Death April 19, 1952 3:AM
(Date) (Hour)

Date of Birth Sept 2, 1900

Age 51
(Years) (Months) (Days)

Date of Funeral 4/21/52 Mon 2:P.M.
(Date) (Day of Week) (Hour)

Services at Trinity Episcopal Church Santa Rosa

Clergyman Rev Buttrum
(Address)

Religion of the Deceased

Birthplace Minnesota

Resided in the State — (or U.S. or City or County) (Years) (Months)

Place of Death Napa State Hos. Imola, Cal

Cause of Death Bronchopneumonia

Contributory Causes Huntingtons Chorea
Arteriosclerotic Heart Disease

Certifying Physician Robert Pelatowski M.D.
(or Coroner)

His Address Napa State Hospital

Name of Father Wm C. Couper

His Birthplace New York

Maiden Name of Mother Catherine Matthew

Her Birthplace New York

Motor Ship } Remains to

Size of Casket 6/3 9560 Grey American
(State Color and Number)

Manufactured by A. F. Casket Co.

~~Cemetery~~ Crematory } Chapel of Chimes S. Road

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 215	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		10750 3
Folding Chairs, $ ... Tarpaulin, $		3.2750
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit 2 C.C. (State Number and District)	2	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Buttrum (Themselves)		
...line Death Notices in ... Papers Democrat (Names of Newspapers)	4	—
Sales Tax	3	23
Total Footing of Bill	$ 269	23
Less 30 days 10%	$ 10	75
Balance	$ 258	48

Entered into Ledger, page .....or below.

Casket No. 9560
Size 6/3
Covering Gray Amer
Description Lined Rego 338- Hdls

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
				$			To Balance Forward			$	
				$			By Payment	$		$	
				$			" "	$		$	
				$		May 9, 1952	" "	$ 258	48	$	
				$			" "	$		$	
				$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 21 19 52

Name of Deceased Erhard aka- Edward Grieder W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 516 Patton St. Sonoma, Cal. ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to County

Address Daughter name Alma Grieder

Order given by 1802 - N. 7th St. (or informant) Boise,

How Secured Idaho

If Veteran, State War No.

Occupation Gardener 565-30-9488 (Social Security Number)

Employer and Address .....

Date of Death April 21, 1952 (Date) (Hour)

Complete Funeral (except outlays)	$	60	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			30
Dressing Body, $ ..... Underwear, $			3 70
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Gloves, $			

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon Edward Greider

Dated: April 21, 1952

Vernon Ravenscroft
Coroner.

5/13/52 Filed with County —

Cemetery / ~~Crematory~~ } .....

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Diagram of Lot or Vault

Sales Tax			90
Total Footing of Bill	$	75	90
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$ 75 90	$
	" "	$	$	June 4, 1952	" Jewel	$	$
	" "	$	$		Dr	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

122

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 19 1952

Name of Deceased Howard Edgar Couper White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1114 Lance Drive Santa Rosa ☑ Husband ☐ Wife ☐ Widow } Florence Fullmer Couper
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Florence Fullmer Couper

Address 1114 Lance Drive Santa Rosa

Order given by " "
(or informant)

How Secured

If Veteran, State War none

Occupation Teacher College Junk
(Social Security Number)

Employer and Address

Date of Death April 19, 1
(Date)

Date of Birth Sept 2, 190

Age 51
(Years) (Months)

Date of Funeral 4/21/52 Mo
(Date) (Day of W

Services at Trinity Episco

Clergyman Rev Buttr

Religion of the Deceased

Birthplace Minnes

Resided in the State —
(or U. S. or City or

Place of Death Napa State Hos

Cause of Death Bronchopneu

Contributory Causes Hunting
...Arterio-sclerotic

Certifying Physician Robert Le
(or

His Address Napa State

Name of Father Wm C

His Birthplace New

Maiden Name of Mother Cathe

Her Birthplace New

Motor Ship } Remains to

Size of Casket 6/3 9560 Gre
(State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Chapel of Chimes S. Road

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 215	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		107 50
Slippers, $ ..... Hose, $		3
Tarpaulin, $		10
...line Death Notices in ..... Democrat (Names of Newspapers)		
Sales Tax	3	23
Total Footing of Bill	$ 269	23
Less 30 days 10 75	$ 10	75
Balance	$ 258	48
Entered into Ledger, page .....or below.		

Casket No. 9560
Size 6/3
Covering Gray Amer
Description Lined Rego 338- Hdls

Date		Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$		" "	$	$
		$	$	May 9, 1952	" Field	$ 258 48	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 21 1952

Name of Deceased Erhard aka- Edward Grieder W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 516 Patton St. Sonoma, Cal. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to County
Daughter name Alma Grieder
Address 1802 - N. 7th St.
Order given by (or informant) Boise, Idaho
How Secured
If Veteran, State War No.
Occupation Gardener 565-30-9488 (Social Security Number)
Employer and Address
Date of Death April 21, 1952 (Date) (Hour)
rth Dec. 14, 1883
68 (Years) (Months) (Days)
uneral (Date) (Day of Week) (Hour) M.
t
n - Sonoma (Address)
f the Deceased Prod -
e Santa Rosa, Calif.
n the State (or U. S. or City or County) (Years) (Months)
Death Sonoma Co. Hospital S.R.
Death
tory Causes
g Physician (or Coroner)
ress
Father Unknown
hplace Legal Unk -
Name of Mother Grace Ward Unk
thplace Oklahoma - Unk
Remains to
Casket 2/6 - White Lamb -
(State Color and Number)
actured by Golden State Casket Co
Cemetery / Crematory Chapel of the Chimes Cemetery, Sonoma

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays)	$ 60	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		30
Dressing Body, $ ..... Underwear, $		3 / 70
Suit or Dress (State Kind and Color)		17
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	15	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$ 75	90
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$ 75 90	$
	" "	$	$	June 4, 1952	" Jewell	$	$
	" "	$	$		Dr	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 23, 1952

Name of Deceased Mitchell Alan Tapp W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence W. Napa St. Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Charge to Charlie Tapp - Father Age of Husband or Wife (if living) ..... Years

Address Gen. Del. Boyes Springs

Order given by 5.00 on 1st & 15th of every month (or informant)

How Secured -

If Veteran, State War No.

Occupation None No. (Social Security Number)

Employer and Address .....

Date of Death April 22, 1952 - 1:10 P. (Date) (Hour)

Date of Birth Jan. 27, 1952

Age 2 (Years) 26 (Months) (Days)

Date of Funeral ..... (Date) (Day of Week) (Hour) M.

Services at .....

Clergyman Rev. Davis Boyes Springs (Address)

Religion of the Deceased Prod. P.

Birthplace Santa Rosa, Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death St. Josephs Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Charlie Tapp

His Birthplace Texas

Maiden Name of Mother Grace Ward

Her Birthplace Oklahoma

Motor Ship } Remains to .....

Size of Casket 2/6 - White Lamb - (State Color and Number)

Manufactured by Golden State C. Co. -

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	57	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			28.50
Slippers, $ ..... Hose, $			3.00
Folding Chairs, $ ..... Tarpaulin, $			15.50
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from S. F.		10	-
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		12	50
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
....line Death Notices in ..... Papers (Names of Newspapers)			
.....			
.....			
Sales Tax			86
Total Footing of Bill	$	80	36
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/10/52	To Above Balance		$		To Balance Forward		$
Letter about June 1st Payment	By Payment	$	$		By Payment	$	$
Mrs Tapp Called - " Payment Promised	" "	$	$	April 29, 1952	" Cash	$ 10 -	$
Last of June - another 1st of July	" "	$	$	Nov 3, 52	" "	$ 1 -	$
7/7/52 Letter	" "	$	$	" 11, 52	" "	$ 2 -	$
10/10/52	" "	$	$		" "	$	$
P.O. Box 816 - Boyes Hot Springs.	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 27 19 52

Name of Deceased Barnet Raymond Bailey W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 332 El Verano, Calif. ☐Husband ☐Wife ☐Widow

Charge to: Mrs Twyman - or Shirley Ann Harman or..... of } Age of Husband or Wife (if living).....Years

Address above -

Order given by..... (or informant)

How Secured:

If Veteran, State War

Occupation None - (Social Security Number)

Employer and Address

Date of Death April 27, (Date) (Hour)

Date of Birth Oct. 18, 1951

Age 6 mos 9 days (Years) (Months) (Days)

Date of Funeral April 29, 1952 (Date) (Day of Week) M. (Hour)

Services at Chapel

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Selvershold (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Lloyd Andrew Baswell

His Birthplace

Maiden Name of Mother Shirley Ann Harman

Her Birthplace

Motor Ship } Remains to

Size of Casket 2/6 (State Color and Number)

Manufactured by S. F. C. Co.

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 57	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		2850 3
Folding Chairs, $ ... Tarpaulin, $		1850
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Van Ess	5	
line Death Notices in ... Papers		
Jen Terrace (Names of Newspapers)	2 50	
Paul Marshall	2 50	
		86
Sales Tax		
Total Footing of Bill	$ 57	86
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	May 1, 52	By Payment	$ 57 86	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 28 19 52

Name of Deceased Charles Harry Haggard W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 605 B. Bayes Springs

☐ Husband ☐ Wife ☐ Widow } Leona

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Leona Haggard

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation Ret. Restaurant Prop. 550-05-6185

Complete Funeral (except outlays)	$	398 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		

April 30, 1952

To HALSTED & CO.

Funeral Directors

1123 SUTTER STREET
SAN FRANCISCO 9, CALIFORNIA
ORDWAY 3-3000

Bates & Evans
Sonoma, Cal.

For services, Charles Harry Haggard, deceased

X	Professional services	$ 50.00
	Burial permit	2.00
	Hearse to Woodlawn Cemetery	22.00
	Limousine to cemetery	16.00
	Organist and soloist	17.00
X	Cemetery charges	96.05
	Funeral notices	9.25
		$212.30

PAID
By Bates & Evans
6/25/52
HALSTED & CO.
PER Henry Meier
ASSISTANT SECRETARY OF HALSTED & C

Her Birthplace ?

Motor / Ship } Remains to .....

Size of Casket Jasper (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Woodlawn Cem. S. F.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
1 - c/c -	6	00
line Death Notices in Papers		
Index Tribune (Names of Newspapers)	3	61
Sales Tax	5	97
Total Footing of Bill	$ 408	58
Less C.R.L. - Halsted's	$ 212	30
Balance	$ 196	28
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "			May 7, 52	On account	$188 68	
	" "			May 26, 52	" " "	$25 00	
	" "			June 5 52	" " "	$25 00	
	" "			June 23, 52	" " "	$80 24	
	" "			July 17 1952	" " "	$100 -	
	" "			July 21, 52	" "	$100 -	
				July 28 52	Insurance Co. Full	101 96	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 30 19 52

Name of Deceased Wade H. Wilson W.

☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 323 W. Napa St. Sonoma ☐Husband ☐Wife ☐Widow } Agnes

Charge to Mrs. Agnes Wilson or.....of } Age of Husband or Wife (if living).....Years

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Ret. Secretary

Employer and Address Chamber of Commerce (Social Security Number)

Date of Death April 30, 1952 (Date) 12:40 P. (Hour)

Date of Birth July 30, 1874

Age 77 (Years) 9 (Months) (Days)

Date of Funeral May 2 (Date) Fri (Day of Week) 10 A. (Hour) M.

Services at Chapel

Clergyman Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Curry Co., Oregon

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Sonoma, Caly

Name of Father James Webb Wilson

His Birthplace Arkansas

Maiden Name of Mother Susan Theresa Armstrong

Her Birthplace Ohio

Motor Ship } Remains to

Size of Casket 80 A Grey (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	160	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			
Suit or Dress (State Kind and Color)			80
Slippers, $ ... Hose, $			3 -
Folding Chairs, $ ... Tarpaulin, $			2.40
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation		45	-
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service No music			
Rev. Terrell		10	-
...line Death Notices in ... Papers			
Democrat		4	-
(Names of Newspapers) Local, Pasted		3	61
		2	40
Sales Tax			
Total Footing of Bill	$	225	01
Less 8 00 - 30 days -	$		
Balance	$		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 1, 52	"On acct	$ 62 61	$
	" "	$	$	June 26, 52	"In full	$ 162 40	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 28 19 52

Name of Deceased Charles Harry Haggard W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 605 B Bonneo Springs ☐Husband ☐Wife ☐Widow } Leona

Charge to Mrs. Leona Haggard or..... of } Age of Husband or Wife (if living).....Years

Address Above -

Order given by..... (or informant)

How Secured:

If Veteran, State War No

Occupation Ret. Restaurant Prop. 550-05-6685 (Social Security Number)

er and Address

Death April 28, 1952 9:20 A. (Date) (Hour)

Birth. Dec. 25. 1882.

69 (Years) (Months) (Days)

Funeral April 30 - Wed - 2 P. M. (Date) (Day of Week) (Hour)

s at Halsted & Co.

naan Pacific Lodge #136 7 & 9 a.m. SF (Address)

n of the Deceased. Prod.

ace Robertson Co. Tennessee

l in the State (or U. S. or City or County) (Years) (Months)

f Death. Community Hospital

of Death:

outory Causes.....

ing Physician A. K. McGrath MD (or Coroner)

ddress Sonoma Calif -

of Father Samuel N. Haggard

rthplace Coffee Co., Tennessee

n Name of Mother. Nancy Ford

Her Birthplace: ?

Motor Ship } Remains to

Size of Casket Jasper (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Woodlawn Cem. S. F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 398 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	199
Folding Chairs, $ Tarpaulin, $	3
Candelabrum, $ Candles, $	5.97
Door Spray, $ Gloves, $	
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	
Extra Limousines @ $	
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
1 - c/c -	1 00
line Death Notices in Papers	
Indep. Tribune (Names of Newspapers)	3 61
	5 97
Sales Tax	
Total Footing of Bill	$ 408 58
Less C.R.D. - Halsted's	$ 212 30
Balance	$ 196 28

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	May 17 52	By Payment on acct	$ 188 68	$
	" "	$	$	May 26 52	" " "	$ 25 00	$
	" "	$	$	June 5 52	" " "	$ 25 00	$
	" "	$	$	June 23 52	" " "	$ 80 24	$
	" "	$	$	July 17 52	" " "	$ 100 -	$
	" "	$	$	July 21 52	" "	$ 100 -	$

Insurance $..... Names of Lodges..... July 28 52 Insurance Companies Paid in full 101.96

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 30 19 52

Name of Deceased Wade H. Wilson W.

☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 323 W. Napa St. Sonoma ☐Husband ☐Wife ☐Widow of Agnes

Charge to Mrs. Agnes Wilson Age of Husband or Wife (if living)..... Years

Address above

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War no

Occupation Ret. Secretary

Employer and Address Chamber of Commerce (Social Security Number)

Date of Death April 30, 1952 (Date) 12:40 P. (Hour)

Date of Birth July 30, 1874

Age 77 (Years) 9 (Months) ..... (Days)

Date of Funeral May 2 (Date) Fri. (Day of Week) 10 A. (Hour) M.

Services at Chapel

Clergyman Rev. Ferrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Curry Co., Oregon

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician .....

His Address Sonoma, Cal. (or Coroner)

Name of Father James Webb Wilson

His Birthplace Arkansas

Maiden Name of Mother Susan Theresa Armstrong

Her Birthplace Ohio

Motor Ship } Remains to .....

Size of Casket 80 A. Grey (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		80
Folding Chairs, $ ..... Tarpaulin, $		3 ~~-~~
Candelabrum, $ ..... Candles, $		240
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Yo. music		
Rev. Ferrell	10	-
....line Death Notices in ..... Papers		
Democrat	4	-
(Names of Newspapers) Local, Pasted	3	61
	2	40
Sales Tax		
Total Footing of Bill	$ 225	01
Less 8.00 - 30 days -	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 1, 52	" on acct	$ 62 61	$
	" "	$	$	June 26, 52	" in full	$ 162 40	$
	" "	$	$		" "	$	$
	" "	$	$		" in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 1 1952

Name of Deceased Thomas J. Sullivan W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 302 El Verano, Calif. ☐Husband ☐Wife ☐Widow } Georgia

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Georgia Sullivan

Address abroad

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Telegraph Operator 525-07-7600 (Social Security Number)

Employer and Address Retired -

Date of Death May 1, 1952 (Date) 5:45 P. (Hour)

Date of Birth November 26, 1882

Age 69 (Years) (Months) (Days)

Date of Funeral May 2 (Date) Fri. (Day of Week) (Hour) M.

Services at Chapel

Clergyman: Priest Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Dubuque, Iowa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvera M.D. (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Thomas Sullivan

His Birthplace.....

Maiden Name of Mother Agnes Gannon

Her Birthplace Iowa

Motor / Ship } Remains to.....

Size of Casket 9 8½ Brocade Silver (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 313	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		15 50
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		17 50
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		14 50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: one Grave	65	00
Cremation Reserved space for 2nd		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Father Roberts	15	-
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax	5	15
Total Footing of Bill	$ 438	15
Less 1640	$ 16	40
Balance	$ 421	75

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	May 2, 52	By Payment In full	$ 421 75	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... April 27 ..... 19 52

Name of Deceased... Ceaser Laurenzi ..... M.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Lawrence St. Quincy Cal ☐Husband ☐Wife ☐Widow } Single

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Ruth Therient

Address 521 - Vicente St. S.F.

Phone Overland - 1 - 1665

Order given by..... " (or informant)

How Secured: Cash

If Veteran, State War N.O.

Occupation. Retired Blacksmith (Social Security Number)

Employer and Address .....

Date of Death... April 27, 52 (Date) ? (Hour)

Date of Birth. June 24, 1883

Age..... 69 (Years) (Months) (Days)

Date of Funeral May 3, 52 Sat (Date) (Day of Week) 11:17 (Hour) M.

Services at: Masonic

Clergyman: Father Roberts (Address)

Religion of the Deceased... Catholic

Birthplace Johnsville Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death.. Quincy, Calif

Cause of Death.. Myocardial failure & fatty degeneration of heart

Contributory Causes.....

.....

Certifying Physician Emmeline Baukee MD (or Coroner)

His Address: Quincy Cal

Name of Father. Palacio Laurenzi

His Birthplace..... Unk

Maiden Name of Mother. Catherine Savagnin

Her Birthplace..... Unk

Motor Ship } Remains to .....

Size of Casket Purchased at Moody Funeral (State Color and Number)

Manufactured by Home Quincy

Cemetery Crematory } Mountain View

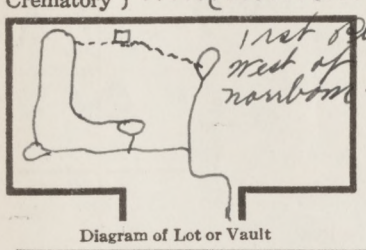

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$		
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit		5	-
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		50	-
Lining Grave, $ ..... Lowering Device, $		5	-
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges casket +		275	-
Personal Service Service complete +		4	12
Fare + Phone calls +		6	73
line Death Notices in Courier Express		16	38
Father Roberts (Names of Newspapers)		15	-
Meeting train + car service			
Sky for service here at		45	-
Sales Tax Chapel (Telephone calls		6	-
Total Footing of Bill	$	428	23
Less	$		
Balance	$		
Entered into Ledger, page .....or below.			

Date		Amount Paid	Balance
5-19-52	Filed With Bureau (P.A.)		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 1, 1952	on acct	$ 275 76	$
July 6, 1952	Bank of America Bureau	$ 152 47	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

130

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 1 ..... 19 52

Name of Deceased: Loyd W. Green ..... W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2909 Park Blvd. Oakland ☐Husband ☐Wife ☐Widow } Eloise 50

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Eloise Green

Address .....

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No.

Occupation Liquor Store Owner 554-28-1784 (Social Security Number)

Employer and Address Self

Date of Death May 1, 1952 (Date) (Hour)

Date of Birth Oct. 27, 1901

Age 50 (Years) (Months) (Days)

Date of Funeral May 5 Mon 11:30 A.M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes Oakland

Clergyman Elmore Evans Santa Rosa (Address)

Religion of the Deceased Prod.

Birthplace Texas

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Providence Hospital Oakland

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father William F. Green

His Birthplace Arkansas

Maiden Name of Mother Kathy Hudson

Her Birthplace Texas

Motor / Ship } Remains to .....

Size of Casket Sutter-Taupe Co. — Tabernacle (State Color and Number)

Manufactured by: Sutter Casket Co —

Cemetery / Crematory } Entombment Chapel of the Chimes, Oakland

St Matthews Court

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Complete Funeral (except outlays) Cost of Casket.	$ 101	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		55 50
Slippers, $ ..... Hose, $		3 50
Folding Chairs, $ ..... Tarpaulin, $		6 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Casket Spray		25 00
....line Death Notices in ..... Papers		
2 days ..... Democrat		4 —
(Names of Newspapers) Oakland Tribune		11 00
Paid to Chapel of Chimes		829 57
Sales Tax Oakland		
Entombment, Letters etc		
Total Footing of Bill	$	980 57
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 21, 1952	" Paid	$ 980 57	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 2 19 52

Name of Deceased Mary Louise Norton W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Center St. Lot 37 - Fetters Spring ☐Husband ☒Wife ☐Widow } Harley R. Norton

or.....of } Age of Husband or Wife (if living).....Years

Charge to Harley R. Norton

Address P.O. Box 22 Fetters Springs

Order given by.....

(or informant)

How Secured: Prob. Ins. C.E. Asen

If Veteran, State War..... X556-38-9030

Occupation Psychiatric Tech. Nurse (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May 2, 1952 (Date) (Hour)

Date of Birth July 13, 1908

Age 43 (Years) (Months) (Days)

Date of Funeral May 6 52 Tues 11:00 A/M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. D. B. Coleman (Address)

Religion of the Deceased Lds

Birthplace Utah

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane Hospital

Cause of Death Herniation of brainstem

Contributory Causes Cyst of cerebellum

.....

Certifying Physician Kazuyuki Takahashi (or Coroner)

His Address Stanford Univ.

Name of Father Wm Nobbs

His Birthplace England

Maiden Name of Mother Fitzgerald

Her Birthplace Utah

Motor Ship } Remains to.....

Size of Casket 195 ½ Swells Sil Brocade (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Golden Gate National Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

345.00 Less 20% Recomended by Dr. Andrews Complete Funeral (except outlays)	$	261 —
Casket		
Burial Vault or Box		15 —
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $ Slip Underwear, $ Hose		3 25
Suit or Dress Dress 17.00 7x51		17 51
(State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		130.50
Door Spray, $ ..... Gloves, $		35.25
Funeral Car, $..... Ambulance, $		165.75 3
Limousines to Cemetery ..... @ $		497 25
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organist Paul Marcucci		5 —
....line Death Notices in Dem. Papers		4 —
(Names of Newspapers)		
1 c/c		1 —
Sales Tax		4 37
Total Footing of Bill	$	312 13
Less Disc already given c/c	$	1 —
Balance	$	313 13

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 23, 1952	" Full	$ 313 13	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 4 1952

Name of Deceased Margaret E. Beckstrom White
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: near Eldridge ☐Husband ☐Wife ☐Widow } divorced of }
Charge to: George Ley (son) Age of Husband or Wife (if living).....Years
Address... Box 169 - Eldridge
Order given by " " (or informant)
How Secured: Cash
If Veteran, State War
Occupation Psychiatric Tech
Employer and Address Sonoma State Home (Social Security Number)
Date of Death May 4 1952 (Date) 2 A.M. (Hour)
Date of Birth
Age (Years) (Months) (Days)
Date of Funeral 5/7/52 (Date) Wed (Day of Week) 10 A.M. (Hour)
Services at: Chapel
Clergyman: Rev. Olan Terrel (Address)
Religion of the Deceased Prod.
Birthplace San Jose, Calif.
Resided in the State (or U. S. or City or County) (Years) (Months)
Place of Death At Home Nr. Eldridge
Cause of Death:
Contributory Causes.....
.....
Certifying Physician V. Silvershield (or Coroner)
His Address: Santa Rosa
Name of Father Bernall
His Birthplace California
Maiden Name of Mother unk.
Her Birthplace: unk.
Motor Ship } Remains to
Size of Casket 19 5½ swells Brocade Sil
Manufactured by Golden State C. Co (State Color and Number)
Cemetery Crematory } Chapel of Chimes

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		17 25
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		5 75
Door Spray, $ ... Gloves, $		1
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
3 Certif. Copies of Death Certificates No. (State Number and District)	3	00
Pall Bearer Service, $ ... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Terrel	10	-
...line Death Notices in Posted Papers	3	61
Humboldt Standard (Names of Newspapers)		
1 Notice 2.80	2	80
~~3 Cpc~~	~~3~~	-
Sales Tax	5	17
Total Footing of Bill	$ 414	58
Less 17.25 - 30 days	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 7, 1952	On acct	$ 275 -	$
	" "	$	$	May 28, 1952	"	$ 122 33	$
	" "	$	$		Jn Just	$	$
	" "	$	$		"	$	$
	" "	$	$	By Geo. Ley	"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. 1 ..... Date of Entry May 9 ..... 19 52

Name of Deceased Steve Speros W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Railroad Ave. El Verano, Calif. – ☐ Husband ☐ Wife ☐ Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Vernon Silvershield, Gardner –

Address Santa Rosa, Calif.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Laborer 566-44-8579 (Social Security Number)

Employer and Address .....

Date of Death May 9, 1952 (Date) 11:25 P. (Hour)

Date of Birth May 3, 1887

Age 64 (Years) (Months) (Days)

Date of Funeral May 14, 1952 Wed – M

Complete Funeral (except outlays)	$ 220	–
Casket		
Burial Vault or Box (State Kind)	15 –	–
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 50 ..... Underwear, $		
Suit ~~or Dress~~ 10 – Dark Grey (State Kind and Color)	10	82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		110
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		10 50
Limousines to Cemetery ..... @ $		13 55
Extra Limousines ..... @ $		3 06 50

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Less 11.75 – 30 days ..... $

Balance ..... $

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" In full	323 18	
	" "			Jan. 28, 1953	" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon

Steve Sparos

Dated: 5/10/52

Vernon Silvershield

Coroner.

132

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ..... May 4 1952

Name of Deceased ..... Margaret E. Beckstrom ..... White
(What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: near Eldridge ☐Husband ☐Wife ☐Widow } divorced ... of }

Charge to: George Lee (Son)

Address ... Box 169 - Eldridge

Order given by " "
(or informant)

How Secured: Cash

If Veteran, State War .....

Occupation Psychiatric Tech

Employer and Address Sonoma State Home (Social Security Number)

Date of Death ... May 4 1952 (Date) ... 2 A.M. (Hour)

Date of Birth .....

Age ..... (Years) (Months) (Days)

Date of Funeral 5/7/52 (Date) Wed (Day of Week) 10 A.M. (Hour)

Services at: Chapel

Clergyman: Rev. C

Religion of the Deceased .

Birthplace San Jo

Resided in the State .....

Place of Death At Hom (or U

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician V. -

His Address: San

Name of Father ..... R

His Birthplace ..... Ca

Maiden Name of Mother ..

Her Birthplace: .....

Motor / Ship } Remains to .....

Size of Casket 1.95 1/2 Sur

Manufactured by Golde

~~Cemetery~~ / Crematory } Chapel

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		17 25
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		5 1 75
Door Spray, $: : ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
...	$	
Balance	$	

Diagram of Lot or Vault

Block No. .....

Owner .....

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
5-19-52	Statement To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$		May 7, 1952	on acct	$ 275		$	
	" "	$		$		May 28, 1952	" full	$ 122	33	$	
	" "	$		$			"	$		$	
	" "	$		$			"	$		$	
	" "	$		$		By Geo.	" Lee	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. 1 ..... Date of Entry May 9 ..... 19 52

Name of Deceased Steve Speras W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Railroad Ave. El Verano, Caly - ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Vernon Silvershield, Gardner -

Address. Santa Rosa, Caly

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Laborer 566-44-8579 (Social Security Number)

Employer and Address .....

Date of Death May 9, 1952 (Date) 11:25-P (Hour)

Date of Birth May 3, 1887

Age 64 (Years) (Months) (Days)

Date of Funeral May 14, 1952 Wed - M

Complete Funeral (except outlays)	$ 220	—
Casket		
Burial Vault or Box (State Kind)	15-	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 50 ..... Underwear, $		
Suit ~~or Dress~~ 10.- ..... Tay 3.2 (State Kind and Color)	10	82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		110
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		1050
Limousines to Cemetery ..... @ $		13550 3
Extra Limousines ..... @ $		0650

3-222

Form No. 1
(Funeral Director's Copy)

OFFICE OF
SONOMA COUNTY CORONER
SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Steve Spiras for 62 days; that said party died on the 9th day of May, 19 52, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Steve Spiras deceased, in order to determine and ascertain the cause of death.

Dated: 5-9-52

R Neelans MD
Physician and Surgeon.

CR 1-250 Sets-6-49

Section No. .....
Block No. .....
Owner .....

Diagram of Lot or Vault

Total Footing of Bill ..... $
Less 11.75 30 days ..... $
Balance ..... $
Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance Filed With Silvershield	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" In field	$ 323 18	$
	" "	$	$	Jan. 28, 1953	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

132

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ..... May 4 1952

Name of Deceased ..... Margaret E. Beckstrom ..... White
(What Race)

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: near Eldridge ☐ Husband ☐ Wife ☐ Widow } divorced of } .....

Charge to: George Lee (Son) Age of Husband or Wife (if living) ..... Years

Address ... Box 169 - Eldridge

Order given by " " (or informant)

How Secured: Cash

If Veteran, State War .....

Occupation Psychiatric Tech

Employer and Address Sonoma State Home (Social Security Number)

Date of Death ... May 4 1952 (Date) ... 2 A.M. (Hour)

Date of Birth .....

Age ..... (Years)

Date of Funeral 5/7/52 (Date) Wed (Day of Week) 10 A.M. (Hour) (Months) (Days)

Services at: Chapel

Clergyman: Rev. C.

Religion of the Deceased .

Birthplace San Jo

Resided in the State .....

Place of Death (or U) At Hom

Cause of Death: .....

Contributory Causes .....

.....

Certifying Physician V. -

His Address: San

Name of Father ..... K

His Birthplace ..... Ca

Maiden Name of Mother ..

Her Birthplace: .....

Motor / Ship } Remains to .....

Size of Casket 1.95 1/2 Am

Manufactured by Golde

~~Cemetery~~ / Crematory } Chapel

Complete Funeral (except outlays)	$	345 ~
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		17250 3
Folding Chairs, $ ..... Tarpaulin, $		5.175
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
.....	$	
Balance	$	

Diagram of Lot or Vault

Block No. .....

Owner .....

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 7, 1952	on acct	$275	$
	" "	$	$	May 28, 1952	" "	$122 33	$
	" "	$	$		Jno Smith	$	$
	" "	$	$		By Geo. Lee	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. 1 ..... Date of Entry May 9 ..... 19 52

Name of Deceased Steve Speros W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Railroad Ave. El Verano, Cal. - ☐ Husband ☐ Wife ☐ Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Vernon Silvershield, Gardner -

Address Santa Rosa, Cal.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Laborer 566-44-8579 (Social Security Number)

Employer and Address .....

Date of Death May 9, 1952 (Date) 11:25 P. (Hour)

Date of Birth May 3, 1887

Age 64 (Years) (Months) (Days)

Date of Funeral May 14, 1952 (Date) Wed. (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Alan Terrell Sonoma (Address)

Religion of the Deceased Prod. -

Birthplace Greece -

Resided in the State 26 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

Address Santa Rosa, Cal. -

Name of Father George Speros

Birthplace Greece

Maiden Name of Mother .....

Birthplace Greece -

Remains to .....

Size of Casket #98 Doeskin Silver (State Color and Number)

Manufactured by Golden State Co.

Cemetery } Mt. Cemetery Sonoma -

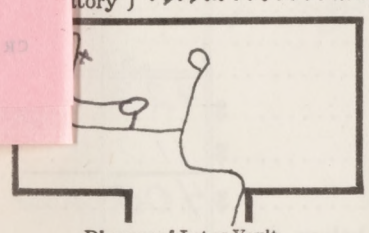

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 220	—
Casket		
Burial Vault or Box (State Kind)	15-	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 50 ..... Underwear, $		
Suit ~~or Dress~~ 10 - Tay 3.2 (State Kind and Color)	10	82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		110
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		1050
Limousines to Cemetery ..... @ $		1355 3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4.06 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5-	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax ... Dorothy Mill. Files		
Outlay for Lot ... (Casket, Spray)	10	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Lupsky	10	—
..... Organ (Mr. Brunken)	5	—
..... line Death Notices in ..... Papers		
..... Local Posted (Names of Newspapers)	3	61
.....		
.....	3	75
Sales Tax		
Total Footing of Bill	$ 323	18
Less 11.75 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance Filed With Silvershield	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" " In full	$ 323 18	$
	" "	$	$	Jan. 28, 1953	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

134

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 12 1952

Name of Deceased Bernice Eva Willits W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 156 Sonoma

☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Eliza Page

Address Rt. 2 Bx. 168 Sonoma

Order given by mother of Henry Willits Travis airfield Mrs. Patricia Hubert Vineburg (or informant)

How Secured

If Veteran, State War No

Occupation Tavern Owner -? (Social Security Number)

Employer and Address Self

Date of Death May 12, 1952 - 1 a.m. - (Date) (Hour)

Date of Birth Nov. 27, 1900

Age 51 (Years) 5 - (Months) 15 (Days)

Date of Funeral May 15 - Thurs. 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel -

Clergyman Dr. Buttrum (Address)

Religion of the Deceased Grad -

Birthplace Salinas, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Harry Haynes

His Birthplace Toronto, Canada

Maiden Name of Mother Eliza Ann Gillette

Her Birthplace Yucon, Oregon

Motor / Ship } Remains to

Size of Casket Grey 2 ch. (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	17 50
Folding Chairs, $ ... Tarpaulin, $	3
Candelabrum, $ ... Candles, $	7 50
Door Spray, $ ... Gloves, $	5 1
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit 2 c/c (State Number and District)	3 00
- Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 -
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Minister Dr. Buttrum	10 -
Organ ... only	5 -
... line Death Notices in ... / ... Papers	
Local	3 6
(Names of Newspapers) Examiner	5 88
Sales Tax	5 18
Total Footing of Bill	$ 422 67
Less 1.7.25 - 30 days'	$ 1 7 25
Balance	$ 405 42

Entered into Ledger, page .....or below.

WILLITS—In Santa Rosa, Calif., May 12, 1952, Bernice Eva Willits, dearly beloved mother of Henry Willits, Pfc. U. S. A. F. Travis Air Field and Mrs. Patricia Hubert of Vineburg, beloved daughter of Mr. and Mrs. George Page of Sonoma, loving sister of Mrs. Phyllis Denton of Fresno County; a native of California, aged 51 years.

Friends are invited to attend the funeral services Thursday, May 15, at 10:00 a. m. from the Chapel of Bates Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

			Amount Paid		Balance		Date		Amount Paid		Balance	
								To Balance Forward				
							June 26, 52	By Payment				
								" " in full	405	42		
5/31/52		Statement						" "				
		" "						" "				
		" "						" "				
		" "						" "				
		" "						" "				

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Newest address —
P.O. Box 744
Bayes Hot Springs
11-28-54

RECORD OF FUNERAL

~~Total~~ No. 11-28-54 Yearly No. ..... Date of Entry May 12 1952

Name of Deceased Harry Leland McConnell — W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Petters Ave. Petters Springs — ☐Husband ☐Wife ☐Widow } Adelaide

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Adelaide McConnell

Address ..... above Box 115 El Verano, Cal.

Order given by 719 Washington St (or informant) General Hospital

How Secured Santa Rosa, Cal

If Veteran, State War N.O. —

Occupation Lab. Technician 568-34-0605 (Social Security Number)

Employer and Address Community Hospital

Date of Death May 12, 1952 (Date) (Hour)

Date of Birth Sept. 18, 1892

Age 59 (Years) (Months) (Days)

Date of Funeral May 14 (Date) Wed (Day of Week) 9 (Hour) A.M.

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prod. —

Birthplace Pennsylvania —

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home —

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa —

Name of Father .....

His Birthplace .....

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to .....

Size of Casket Jasper (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	398 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		19 9
Suit or Dress (State Kind and Color)		3 5 97
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr. Buttrum		10 —
..... no music		
.... line Death Notices in ..... Papers		
..... Herald (Names of Newspapers)		3 61
..... Democrat		4 00
Sales Tax		5 97
Total Footing of Bill	$	466 58
Less 19 90 - 30 days 1 c/c	$	1 —
Balance	$	467 58

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	Statement To Above Balance	$	$		To Balance Forward	$	$
6-30-53	Letter By Payment	$	$		By Payment	$	$
12-2-53	Letter "	$	$		" "	$ —	$
	" "	$	$	Dec 11, 1953	on acct	$ 20 —	$
1-17-54	on acct	$ 25 —	$	Aug 24, 1953	" "	$ 10 —	$
	" "	$	$	Sept 23, 53	" "	$ 10	$
	" "	$	$	Jan 29, 54	" on acct	$ 5 —	$
	" "	$	$	Mar 24 54	" " "	$ 10	$

Insurance $ ..... Names of Lodges ..... April 27, 1954 Insurance " " 10 00

Companies .... Sept 16 54 " " 5 00

Mar 23 54 " " 10

Jan 20 55 " " 5 00

April 4, 55 " " 10

Aug 11, 55 " " 5 97

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

136

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 12 1952

Name of Deceased Edwin Oscar Johnson

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Mt. Ave. Fetters Springs, Calif. ☐Husband ☐Wife ☐Widow

Charge to Alpha or Herman Johnson or.....of Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured

If Veteran, State War

Occupation Retired farmer (Social Security Number)

Employer and Address

Date of Death May 12, 1952 (Date) 10:10 A.M. (Hour)

Date of Birth Sept 24, 1899

Age 52 (Years) (Months) (Days)

Date of Funeral May 14 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Agua Caliente

Complete Funeral (except outlays)	$	415
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		20 50
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		22 50
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		6 67 50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Permit (State Number and District)		5 —
of Death Certificates No. (State Physician's or Coroner's)		
ice, $ .... Use of Chapel, $		
Sales Tax	$	
Palms, $ .... Matting, $		
....of Temporary Vault, $		
e or Tomb		50 —
.....Lowering Device, $		
ing Charges		
..Singers, $ .... Organist, $		
$ ..... Aero-plane Service, $		
Cable or Radio Charges		
dertaker's Charges		
..Dr. Buttrum		10 —
Marenco-Dunbar		10 —
Notices in ..... Papers		
Posted		3 61
(Names of Newspapers) Examiner		7 14
Democrat		4 05
		6 68
f Bill	$	526 43
30 days	$	21 50
Balance	$	504 93
dger, page .....or below.		

	Amount Paid		Balance	
To Balance Forward			$	
By Payment	$	504 93	$	
" "	$		$	
" "	$		$	
" "	$		$	
" "	$		$	
" "	$		$	

Insurance Companies.....

gally available to.....
(Firm Name of Funeral Directors.)

.....days from date. Interest to accrue from

.....

.....

Mo.

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

May 12, 1952

This is to Authorize Dr. Carroll B. Andrews, to perform an autopsy of the body of our Brother, Edwin Oscar Johnson.

Signed Alpha E. Johnson

(Mrs.) Edwina C. Hall, nee Edwin Christie

Emma L. Bowman

Fred J. Johnson

Herman A. Johnson.

RECORD OF FUNERAL

Total No.... Yearly No.... Date of Entry May 12 1952

Name of Deceased John Bowman W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 191 Eldridge, Caly ☐ Husband ☐ Wife ☐ Widow } Virginia

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Virginia Bowman

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Butcher 556-01-2585 (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May 12, 1952 (Date) 6:30 P. (Hour)

Date of Birth March 20, 1912

Age 40 (Years) (Months) (Days)

Date of Funeral May 15 (Date) Thurs. (Day of Week) 1 P. (Hour) M.

Services at Chapel

Clergyman Rev. LaRoux Glen Ellen (Address)

Religion of the Deceased Prod.

Birthplace Winters, Caly (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death Mc Arthurs 2nd St. East

Cause of Death Brain Laceration & Hemorrhage

Contributory Causes due to Crushing of Skull by falling tree

Certifying Physician Vernon Dolorenhold (or Coroner)

His Address Santa Rosa, Caly

Name of Father John Bowman

His Birthplace Missouri

Maiden Name of Mother Myrtle McCormack

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Sutter - Taupe - (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Capay Cem., Esparto, Caly.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 430	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		215
Folding Chairs, $ ..... Tarpaulin, $		3 645
Candelabrum, $ ..... Candles, $		6.45
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ~~McNary Charges~~		
Cremation ..... ~~J. Boy. Interests~~		—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	35	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges McNary	40	75
Personal Service Rev. LaRoux	10	—
Music - Marenco - Dunbar	10	—
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Democrat	4	00
Woodland paper (no chg.)		
Sales Tax	6	45
Total Footing of Bill	$ 530	81
Less 21.50 30 days	$ 21	50
Balance	$ 518	31

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 4, 1952	" " full	$ 518 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

UNERAL

of Entry ..... May 12 ..... 19 52

son .....
(What Race)

d ☐ Wife ☐ Widow } .....
..... of } Age of Husband or Wife (if living) ..... Years

uneral (except outlays)	$ 4 15	
.....		
or Box ..... (State Kind)	15	—
Body ..... (Name of Embalmer)		
..... Hair Dressing, $		
y, $ ..... Underwear, $		
..... (State Kind and Color)		
..... Hose, $		20 50
s, $ ..... Tarpaulin, $		15
$ ..... Candles, $		22 50
..... Gloves, $		
..... Ambulance, $		
Cemetery ..... @ $		6 67 50
nes ..... @ $		
Station ..... @ $		
ns from		
as to		
r's Inquest		
to		
to		
es		
l Permit ..... (State Number and District)	25	—
of Death Certificates No. ..... (State Physician's or Coroner's)		
ice, $ ..... Use of Chapel, $		
Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service .. Dr. Buttrum	10	—
" Music - Marenco - Dunbar	10	—
..... line Death Notices in ..... Papers		
..... Posted	3	61
..... (Names of Newspapers) Examiner	7	14
..... Democrat	4	05
Sales Tax	1	68
Total Footing of Bill	$ 526	43
Less 21.50 - 30 days	$ 21	50
Balance	$ 504	93

Certifying Physician Dr. Garrad B. Andrews (or Coroner)

His Address Sonoma — .....

Name of Father Ole Johnson .....

His Birthplace Sweden .....

Maiden Name of Mother Christina Anderson .....

Her Birthplace Sweden — .....

Motor / Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by Butler Casket Co — .....

Cemetery / Crematory } Mt. Cemetery Sonoma — .....

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
5-19-52	Statement						To Balance Forward				
	To Above Balance			$			By Payment	$ 504	93	$	
	" "	$		$		June 18, 52	" Full	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

JOHNSON—In Sonoma, Calif., May 12, 1952, Edwin Oscar Johnson, dearly beloved son of Mrs. Christina Johnson of Fetters Springs, and the late Ole Johnson, beloved brother of Alpha and Herman Johnson, Fetters Springs, Fred Johnson, Willows, Mrs. Emma Monson of San Francisco, Anna Hunt of Mill Valley, and the late Rudolph Johnson, loving uncle of Rudolph Johnson of Willows; a native of California, aged 52 years.

Friends are invited to attend the funeral services Wednesday, May 14, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, California. Interment, Mountain Cemetery, Sonoma.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 12 19 52

Name of Deceased John Bowman W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 191 Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow or ..... of } Virginia

Charge to Mrs. Virginia Bowman Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Butcher 556-01-25-85 (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May 12, 1952 (Date) 6:30 P. (Hour)

Date of Birth March 30, 1912

Age 40 (Years) (Months) (Days)

Date of Funeral May 15 (Date) Thurs. (Day of Week) 1 P. (Hour) M.

Services at Chapel

Clergyman Rev. Loken Glen Ellen (Address)

Religion of the Deceased Prot.

Birthplace Winters, Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death McArthur St. 2nd St. East

Cause of Death Brain Laceration & Hemorrhage

Contributory Causes due to Crushing of Skull by falling tree

Certifying Physician Vernon Schoenfeld (or Coroner)

His Address Santa Rosa, Calif.

Name of Father John Bowman

His Birthplace Missouri

Maiden Name of Mother Myrtle McCormack

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Sutter - Large (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Capay Cem. Esparto, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	430 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		215
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		645
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ~~McNary Charges~~		
Cremation ~~J. Boy Thurmond~~		—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		35 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges McNary		40 75
Personal Service Rev. Lokens		10 —
Music - Marenci - Dunbar		10 —
.... line Death Notices in ..... Papers		
Local		3 61
(Names of Newspapers) Democrat		4 00
Woodland paper (rocky)		6 45
Sales Tax		
Total Footing of Bill	$	530 81
Less 21.50 30 days	$	11 50
Balance	$	518 31

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-19-52	To Above Balance ~~statement~~	$	$		To Balance Forward	$	$
	By Payment	$	$	June 4, 1952	By Payment	$ 518 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 14 1952

Name of Deceased Marshall Johns Oakes W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 413 - 2nd St. East Sonoma ☐Husband ☐Wife ☐Widow } Gladys

Charge to Mrs. Gladys Oakes or.....of } Age of Husband or Wife (if living).....Years

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation Rancher No. (Social Security Number)

Employer and Address Self about

Date of Death May 14, 1952 (Date) 3:30 P.M. (Hour)

Date of Birth Aug 1, 1896

Complete Funeral (except outlays)	$ 836	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		4 18
Dressing Body, $..... Underwear, $.....		3
Suit or Dress (State Kind and Color)		12 54
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Recd 1 above from following effects of Marshall J Oakes:
watch, Knife, wallet glasses
card receipts etc.

John Oakes

Diagram of Lot or Vault

Grave No.....

Section No.....

Block No.....

Owner.....

Sales Tax		
Total Footing of Bill	$ 876	15
Less 41.80 - 30 days	$ 41	80
Balance	$ 834	35

Entered into Ledger, page.....or below.

6/6 No. Groton H.P Cov. Heather
Sealer
TION: Baron Panel & Pillow S.F.C.Co
Full lined Ant. Empire Eggshell Sr B & Bp

							Date		Amount Paid		Balance	
								To Balance Forward			$	
								By Payment	$		$	
							June 18, 52	In full	$834	35	$	
		"	"		$	$		" "	$		$	
		"	"		$	$		" "	$		$	
		"	"		$	$		" "	$		$	
		"	"		$	$		" "	$		$	
		"	"		$	$		" "	$		$	

Statement given

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 15 19 52

Name of Deceased Donald D. Frame W.

☒ Married ☐ Single ☑ Widowed ☐ Divorced

Residence Mc Arthur St. Sonoma (What Race)

☐ Husband ☐ Wife ☐ Widow } Erma Louise
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Erma L. Frame

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War: W.W. II

Occupation Machinist 312-03-3776 (Social Security Number)

Employer and Address ~~Sonoma~~ Auto. Parts

Date of Death May 15, 1952 (Date) 8:07 P. (Hour)

Date of Birth May 25, 1912

Age 39 (Years) (Months) (Days)

Date of Funeral May 18, 1952 (Date) Sun. (Day of Week) 2 P. M. (Hour)

Services at Graces Reformed

Clergyman Rev. Van Es Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Meade, Kansas

Resided in the State 10 yrs (or U. S. or City or County) (Years) (Months)

Place of Death ~~Sonoma County~~ Veterans Administration Hospital

Cause of Death .....

Contributory Causes .....

Kenneth J. Pappen M.D.

Certifying Physician ~~Robert L. Miller M.D.~~ (or Coroner)

His Address ~~Sonoma, Calif~~ V.A. Hospital San Francisco 27

Name of Father John E. Frame

His Birthplace Kansas

Maiden Name of Mother Esther Peterson

Her Birthplace Illinois

Motor / Ship } Remains to .....

Casket from Halsted's - V.A. contract

Size of Casket .....
(State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Golden Gate National - San Mateo Co.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) conducting Fun. Personal Services	$	50 —
Casket		
Burial Vault or Box at V.A. (State Kind)		21 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 1/3
Dressing Body, $ ..... Underwear, $		.63
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		5 00
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Golden Gate Cem.		25 —
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		3. 61
Sales Tax on Bat		63
Total Footing of Bill	$	10 $ 24
Less Courtesy discount	$	50
Balance	$	55 24

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
June 7, 52	By Payment Statement	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	June 20 52	" In full	$ 55 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 14 1952

Name of Deceased Marshall Johns Oakes W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 413 - 2nd St. East Sonoma ☐Husband ☐Wife ☐Widow of ..... Gladys

Charge to Mrs. Gladys Oakes Age of Husband or Wife (if living)..... Years

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation Rancher No. (Social Security Number)

Employer and Address Self ; about

Date of Death May 14, 1952 (Date) 3:30 P. (Hour)

Date of Birth Aug 1, 1896

Age 55 (Years) (Months) (Days)

Date of Funeral May 17 (Date) Sat (Day of Week) 10.9 (Hour) M.

Services at Chapel

Clergyman Fred R. Brock Petaluma (Address)

Religion of the Deceased Prod

Birthplace Mississippi

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Skaggs Island -

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Delvenkield (or Coroner)

His Address Santa Rosa Caly

Name of Father Henry John Oakes

His Birthplace Ohio

Maiden Name of Mother Lucie Hardwick

Her Birthplace Mississippi

Motor Ship } Remains to .....

Size of Casket Metal - Bronze (State Color and Number)

Manufactured by: S. F. Casket Co

Cemetery Crematory } Cypress Hill Mausoleum

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	836	
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			418
Dressing Body, $ ..... Underwear, $			3
Suit or Dress (State Kind and Color)			12 54
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to Rev. Walt Stuermer		7	00
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot ..... 6 ..... C/C		6	00
Cremation			
Flowers, $ ..... Palms, $ .... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced Paul Marcucci Organist		5	—
Out of town Undertaker's Charges			
Personal Service Rev. Brock			—
Music ~~Talkophone~~ Baxter Hovis			—
....line Death Notices in ..... Papers			
Posted		3	61
(Names of Newspapers) Argus Courier		2	—
Democrat		4	—
Sales Tax		12	54
Total Footing of Bill	$	876	15
Less 4.1.80 - 30 days	$	41	80
Balance	$	834	35

Entered into Ledger, page ..... or below.

6/6 No. Groton H.P Cov. Heather

Sealer

TION: Baron Panel & Pillow S.F.C.Co

Full lined Ant. Empire Eggshell Sr B & Bp

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
June 18, 52	In full	$834	35	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Statement given

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry May 15 19 52

Name of Deceased Donald D Frame W. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence McArthur St. Sonoma

☐Husband ☐Wife ☐Widow } or .... of } Erma Louise Age of Husband or Wife (if living)........ Years

Charge to Mrs. Erma L. Frame.

Address above –

Order given by .... (or informant)

How Secured ....

If Veteran, State War: W.W. II

Occupation Machinist 312-03-3776 (Social Security Number)

Employer and Address Sonoma Auto Parts –

Date of Death May 15. 1952 (Date) 8:07 P. (Hour)

Date of Birth May 25, 1910

Complete Funeral (except outlays) conducting fun. Personal services $	50	–
Casket		
Burial ~~Vault or~~ Box at N.G. (State Kind)	21	–
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		2½
Dressing Body, $ ...... Underwear, $		
Suit or Dress (State Kind and Color)		.63
Slippers, $ ...... Hose, $		
Folding Chairs, $		
	5	00
...m.	25	–
...$		
...papers ... local (Names of Newspapers)	3	61
...Co. –		
Sales Tax on Box		63
Total Footing of Bill $	105	24
Less Courtesy disc $	50	
Balance $	55	24
Entered into Ledger, page ...... or below.		

Lot No.......... Grave No.......... Section No.......... Block No.......... Owner..........

Diagram of Lot or Vault

Date			Amount Paid		Balance	
		To Above Balance			$	
June 7, 52		By Payment Statement	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
		" "	$		$	
June 20 52		" In full	$ 55	24	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed..........

Witness.......... Address..........

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 19 1952

Name of Deceased Vernon Lemley Logan W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Sebastiani Hotel Sonoma ☐Husband ☐Wife ☐Widow } Marie

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. J. C. Hanna

Address 1992 Oakwood St Pasadena

Order given by above (or informant)

How Secured

If Veteran, State War Yes. WWI

Occupation Civil Engineer No. (Social Security Number)

Employer and Address Ret.

Date of Death May 19, 1952 (Date) 10:10 P. (Hour)

Date of Birth Nov. 26, 1893

Age 58 (Years) 5 (Months) 23 (Days)

Date of Funeral May 20, Tue. (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Organ only - Mrs Van Es (Address)

Religion of the Deceased Prot.

Birthplace Kansas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Robert L. Mollinhauer M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Levi Logan

His Birthplace Penna.

Maiden Name of Mother Sarah Davis

Her Birthplace Penn.

Motor Ship } Remains to

Size of Casket Hollywood (State Color and Number)

Manufactured by Hollywood Casket Co.

Removal to Fort Worth, Texas

Cemetery Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	65	2 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot American Art Stones	105	08
~~Cremation~~ Fares 3 @ 4	4	15
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Organ: Mrs Van Es	5	—
Out of town Undertaker's Charges		
Personal Service		
3 c/c	3	—
...line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax Out of State		
Total Footing of Bill	769	23
Less 3 2 60 - 30 days	32	60
Balance	736	63

109.23

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
May 23, 1952	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		
	" "		

Filed with Department

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
May 20, 1952	"	736 63	
	"		
	" "		
	" "		
	" "		
	" "		

In full

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...May 27.....19 52

Name of Deceased ...Nancy Gene Hogue..... W.....
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx. 105 A Sonoma
☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Charles Hogue

Address: above

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War ...n/a.....

Occupation ...none... none (Social Security Number)

Employer and Address .....

Date of Death May 27, 1952 4:20 P. (Date) (Hour)

Date of Birth. May 27, 1952

Age ..... 6 hrs. (Years) (Months) (Days)

Date of Funeral. May 28 Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: ..... (Address)

Religion of the Deceased. Prod.

Birthplace ...Calif. - Sonoma

Resided in the State ...Life... (or U. S. or City or County) (Years) (Months)

Place of Death. Community Hospital

Cause of Death. Respiratory Failure

Contributory Causes. Brain Hemorrhage

& damage due to trauma

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Charles Hogue

His Birthplace ...Kansas

Maiden Name of Mother Imogene Gill

Her Birthplace ...Arkansas

Motor Ship } Remains to .....

Size of Casket 2 p. White Lamb (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } Chapel of the Chimes, S.R.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays) ..... $	57	00
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		28 50 3
Suit or Dress ..... (State Kind and Color)		85 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax Babyland tax $	12	57
Outlay for Lot		
Cremation	10	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
..... line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
.....		
Sales Tax		86
Total Footing of Bill ..... $	80	43
Less ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
May 28, 1952	Own Acct	$ 10 —	$
June 28, 1952	"	$ 5 —	$
Aug 2, 52	"	$ 5 —	$
Aug 29 52	"	$ 5 —	$
Oct 1 52	"	$ 5 —	$
	" "	$ 5 —	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

Jan 2 53 10 —
Feb 9 53
April 11 53

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 30 1952

Name of Deceased Georgia Leta Kilpatrick W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 2256 Guerneville Rd

Charge to Walter Kilpatrick Santa Rosa

Address Son Donald - Son above address

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death May 30, 1952 (Date) 4:25 P. (Hour)

Date of Birth Oct 19, 1886

Age 65 (Years) (Months) (Days)

Date of Funeral June 3 (Date) Tue (Day of Week) 2 P. (Hour) M.

Services at: Chapel

Clergyman Rev Holmes Santa Rosa (Address)

Religion of the Deceased Presb.

Birthplace Cal.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death Arteriosclerotic

Contributory Causes Heart disease

Certifying Physician Ralph Petrosbons M.D. (or Coroner)

His Address County Hospital

Name of Father A. J. McKesell

His Birthplace Ohio

Maiden Name of Mother Henry

Her Birthplace Illinois

Motor Ship } Remains to

Size of Casket Cedar Rose (State Color and Number)

Manufactured by: Golden State Co.

Cemetery Crematory } Mt. Cemetery Sonoma

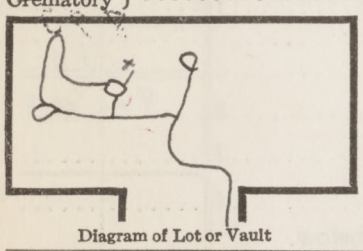

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

☐ Husband ☐ Wife ☐ Widow } or ..... of } Walter

Age of Husband or Wife (if living) ..... Years

Complete Funeral (except outlays)	$ 350	
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer) Jay Ll		
Barber, $ ..... Hair Dressing, $	2	—
Dressing Body, $ ..... Underwear, $	3	36
Suit or Dress 15.00 Jay 45 (State Kind and Color)	15	45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		175
Door Spray, $ ..... Gloves, $		3325
Funeral Car, $ ..... Ambulance, $		208 25
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		62 75
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Casket Spray	18	—
Cremation .. wreath on easel	12	—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music - Mrs. - Jessie Rev Holmes themselves	10	—
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Democrat	4	00
Sales Tax	5	70
Total Footing of Bill .... Cement work at	$ 492	12
Less 18.25 30 days Cemetery	$ 95	14
Balance	$ 587	26
Entered into Ledger, page ..... or below.	18	25

Cog %

Date		Amount Paid	Balance
June 3, 52	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Statement to Donald

Date		Amount Paid	Balance
	To Balance Forward		$ 569 01
	By Payment	$	$
	" "	$	$
June 20	In full	569 01	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 31 19 52

Name of Deceased Elizabeth Catherine Allen (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 454 Walnut St. Sonoma ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Ruth Howell

Address 127 Sunset Ave S.R.

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation At home no. (Social Security Number)

Employer and Address.....

Date of Death May 31, 1952 11:16 A. (Date) (Hour)

Date of Birth ~~May~~ Jan 30, 1884

Age 68 (Years) (Months) (Days)

Date of Funeral June 3 - Tue 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman:..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death ~~County~~ Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father James McGrath

His Birthplace Ireland

Maiden Name of Mother Christine Williams

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket Orchard 2 ch- (State Color and Number)

Manufactured by Golden State C. Co.

~~Cemetery~~ / ~~Crematory~~ } Catholic Cem. Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	464 00
Casket		
Burial Vault or Box (State Kind)		15 00
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 17 Sat. 51 9 (State Kind and Color)		17 51
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		262
Door Spray, $ ... Gloves, $		32
Funeral Car, $ ... Ambulance, $		294
Limousines to Cemetery ... @ $		3
Extra Limousines ... @ $		8 82
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		65 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... Mass		15 00
... line Death Notices in ... Papers		
... Local -		2 50
(Names of Newspapers)		
... Democrat		4 00
... Examiner		3 93
Sales Tax		7 41
Total Footing of Bill	$	624 35
Less 23.95 - 30 days	$	23 95
Balance	$	600 40

Entered into Ledger, page.....or below.

of Lot or Vault

ALLEN—In Santa Rosa, May 31, 1952, Elizabeth Catherine Allen beloved mother of Mrs. Ruth Howell of Santa Rosa and Mrs. Alice Godfrey of Novato, loving sister of Mrs. Agnes Roeder of Sonoma, Mrs. Lorraine Updyke, Walter, Glenville, Earl and Clifford Roeder, all of San Francisco. A native of California, aged 68 years.

Friends are invited to attend the funeral services, Tuesday, June 3, at 9:15 a. m. from the Chapel of Bates and Evans, Sonoma, Calif., thence to St. Francis Church, where a Requeim Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Monday evening at 8 o'clock.

AMBERG—In this city, M...

		Amount Paid		Balance		Date		Amount Paid		Balance	
	...nce			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$			" "	$		$	
		$		$		June 15th	In full	600	40	$	
		$		$			" "	$		$	
6/10/52	" statement	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 1 1952

Name of Deceased Annie M. Jacobson W.

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 517 - 13th St Modesto ☐Husband ☐Wife ☐Widow or.....of } .....

Charge to W. J. Givens Age of Husband or Wife (if living).....Years

Address Rt 1 Box 566 Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation At home no. (Social Security Number)

Employer and Address .....

Date of Death June 1. 1952 - 4:30 A.M. (Date) (Hour)

Date of Birth Unknown

Age About 80 yrs. (Years) (Months) (Days)

Date of Funeral June 2 - Mon - M. (Date) (Day of Week) (Hour)

Removal

Services at Carl Shannon, Mortuary

Clergyman Rev Holmes, Santa Rosa (Address)

Religion of the Deceased Prod.

Birthplace Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Ruptures. Marginal

Contributory Causes Branch Left Coronary Producing Cardiac Tampond

Certifying Physician Vernon Silversheld (or Coroner)

His Address Santa Rosa, Calif

Name of Father William J. Givens

His Birthplace Mass.

Maiden Name of Mother Marguerite Harrington

Her Birthplace:.....

Motor Ship } Remains to —

Size of Casket Grey ½ ch. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } Modesto, Calif

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	345	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			17.50
Dressing Body, $..... Underwear, $			3
Suit or Dress (State Kind and Color)			5.75
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from:			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $..... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad or Motor } Tickets, $..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
.....			
.....line Death Notices in.....Papers (Names of Newspapers)			
Sales Tax		5.	18
Total Footing of Bill	$	350	18
Less 17.25 - 30 days	$	17	25
Balance	$	332	93

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6/10/52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 2, 1952	" " Jacobson	$ 332 93	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 4 1952

Name of Deceased Sophia Carmer (What Race) W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence: Sonoma Caly ☐Husband ☐Wife ☐Widow } Frank

or.....of } Age of Husband or Wife (if living).....Years

Charge to Percy C. Carmer

Address 251 West G St. Benecia, Cal P.O. Box 572

Order given by Abode (or informant)

How Secured:

If Veteran, State War

Occupation At home (Social Security Number)

Employer and Address

Date of Death June 4, 1952 (Date) 6 a. (Hour)

Date of Birth June 12, 1873

Age 78 (Years) 11 (Months) 22 (Days)

Date of Funeral June 6 (Date) Fri (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman Rev Lupsky Cal Verano (Address)

Religion of the Deceased Prod

Birthplace Sonoma, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Marrs Rest Home

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Cali

Name of Father Wilson

His Birthplace

Maiden Name of Mother Whitehead

Her Birthplace

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / Crematory Pet. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	449 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		22 50
Folding Chairs, $ ... Tarpaulin, $		15 —
Candelabrum, $ ... Candles, $		23 95
Door Spray, $ ... Gloves, $		3
Funeral Car, $ ... Ambulance, $		7 1 85
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		50
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Lupsky		10 —
...line Death Notices in ... Papers		
Local (Names of Newspapers)		3 6.1
Examiner		5 46
I. C. C.		1
Sales Tax		4 19
Total Footing of Bill	$	546 26
Less 23.20 - 30 days	$	23 20
Balance	$	523 06

Entered into Ledger, page .....or below.

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Empress full lined Fringe on overlay Sr B & Bp

HANDLES: 652-6x2-Spt.Hdls

CARMER—In Sonoma, Calif., June 4, 1952, Sophia Carmer, dearly beloved mother of Percy C. Carmer of Benecia; beloved grandmother of Lt. Elwood Carmer, U. S. N., San Diego and Mrs. Claire Humphrey of Honolulu; adored great grandmother of Claire Carmer of San Diego. A native of Sonoma, Calif., aged 78 years. Friends are invited to attend the funeral services Friday, June 6, at 2 p. m. from the Chapel of Bates and Evans, Sonoma. Interment, Mt. Cemetery, Sonoma.

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment			$	
June 7 52	In full		$ 523	06	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Names of Lodges..... Insurance Companies.....

Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

146

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 6 1952

Name of Deceased Jennie (Gatelli) Gaddini W

☑ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Spain St. Sonoma ☐Husband ☐Wife ☐Widow of John

or..... Age of Husband or Wife (if living).....Years

Charge to Mrs. Mary Linale

Address 50 West View ave S.F.

Order given by Above

(or informant)

How Secured: 33.45 Buckham St. S.F. George Linale Lombard 4-7163

If Veteran, State War.....

Occupation At home no

(Social Security Number)

Complete Funeral (except outlays)	$	345	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $.....			
Dressing Body, $ 5.00 Underwear, $ 4			
Suit or Dress 16.50 Underwear 3.25	19.75	20	34

SOCIETA' ITALIANA DI MUTUA BENEFICENZA

Administration of the Italian Cemetery

MAIN OFFICE: 408 COLUMBUS AVENUE

PHONE YU KON 6-2393

No 6110

San Francisco 11, Calif. June 7, 1952

Received of Mrs Mary Linale Residing at 50 West View S.F.

the sum specified below for burial of Jennie Gaddini (62)

Born -o- Died -o- in GRAVE / VAULT 3 Block No. 28

Funeral from the Parlor of Bates & Evans Funeral Directors will be at the Cemetery

Tuesday June 10 at 11:45 am Broadway - Sonoma, Cal

Consent is hereby given for the above mentioned burial.

Mrs Mary Linale Owner

Remarks

SOCIETA' ITALIANA PAID JUN 20 1952 DI MUTUA BENEFICENZA

Interment and Recording Fee	$	55 00
Burial Box - - - -	$	20 00
tax	$	— 70
	$	— —
Total -	$	75 70

ITALIAN CEMETERY ASSOCIATION

Secretary

CANESSA PRINT

Diagram of Lot or Vault

Section No.....

Block No. 28

Owner.....

Less 17.25 30 days	$	17 25
Balance	$	48.1 88

Entered into Ledger, page.....or below.

GADDINI—In Santa Rosa, June 6, 1952, Jennie (Gotelli) Gaddini of Sonoma, dearly beloved sister of Mrs. Mary Linale of San Francisco; a native of San Francisco, aged 62 years.
Friends and acquaintances are invited to attend the funeral Tuesday, June 10, 1952, at 9:15 a. m. from the Chapel of Bates & Evans, thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Italian Cemetery, San Mateo County, at 12 o'clock. Recitation of the Rosary Monday at 8 p. m.

GIL (RELIGIOUS)—In this city June 8

		Amount Paid	Balance	Date		Amount Paid	Balance
lance		$	$		To Balance Forward	$	$
	$	$	$		By Payment	$	$
	$	$	$	July 3, 1952	" In full	$ 48 88	$
	$	$	$		By Geo Linale Jr	$	$
4/24/52 Statement	" "	$	$		" "	$	$
" "	" "	$	$		" "	$	$
" "	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 7, 1952 19....

Name of Deceased Robert Bruce Gray W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 405 Sonoma ☐Husband ☐Wife ☐Widow } Eliza

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Eliza Gray

Address: Above

Order given by: 2914 - Lanning Ave - Redding, Calif. (or informant)

How Secured:

If Veteran, State War 1901 - 1904

Occupation Ret. P.G.+E. 546-05-7257 (Social Security Number)

Employer and Address

Date of Death June 7, 1952 (Date) 1:25 A (Hour)

Date of Birth Aug. 25, 1883

Age 68 (Years) (Months) (Days)

Date of Funeral June 10 (Date) Tue (Day of Week) 10:30 A.M. (Hour)

Services at McDonalds Mortuary

Clergyman Redding (Address)

Religion of the Deceased Prod.

Birthplace Tennessee

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Sonoma County Hospital

Name of Father

His Birthplace

Maiden Name of Mother Nellie Scarborough

Her Birthplace

Motor Ship } Remains to

Size of Casket Large - Steel Rutland (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Masonic Cem. Millville, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	430	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			2 15
Dressing Body, $ ... Underwear, $			3
Suit or Dress (State Kind and Color)			645
Slippers, $ ... Hose, $			
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad or Motor } Tickets, $ ... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
...line Death Notices in, ... Papers		2	61
Local (Names of Newspapers)			
Oakland Tribune		4	50
Sales Tax		6	45
Total Footing of Bill	$	444	56
Less 21.50 - 30 days	$	21	50
Balance	$	423	06

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 14, 1952	" " Jones	$ 423 06	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

146

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 6 1952

Name of Deceased Jennie (Gatelli) Gaddini W

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 1 Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow of John

Charge to Mrs. Mary Linale Age of Husband or Wife (if living).....Years

Address 50 West Brew ave S.F.

Order given by Above

George Linale (or informant)

How Secured 3345 Buckham St. S.F. Lombard 4-7163

If Veteran, State War .....

Occupation At home no (Social Security Number)

...yer and Address .....

...f Death June 6. 1952 (Date) (Hour)

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....	4	
Suit or Dress 16.50 Underwear 3.25	4.54	20 34
(State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		17 50
Candelabrum, $..... Candles, $.....		19 75

GADDINI, Jennie

Form No. 1
(Funeral Director's Copy)

OFFICE OF
SONOMA COUNTY CORONER
SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Jennie Gaddini for 1 days; that said party died on the 6th day of June, 1952, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Jennie Gaddini deceased, in order to determine and ascertain the cause of death.

Dated: June 6th, 1952

John D. Kopp M.D.
Physician and Surgeon.

CR 1-250 Sets-6-49

...y Petaluma Cem. San Mateo

Diagram of Lot or Vault

Lot No.....
Grave No. 3
Section No.....
Block No. 28
Owner.....

(Names of Newspapers)

Local Posted	3	61
Sales Tax	5	18
Total Footing of Bill	$ 499	13
Less 17.25 30 days	$ 17	25
Balance	$ 481	88

Entered into Ledger, page .....or below.

GADDINI—In Santa Rosa, June 6, 1952, Jennie (Gotelli) Gaddini of Sonoma, dearly beloved sister of Mrs. Mary Linale of San Francisco; a native of San Francisco, aged 62 years.
Friends and acquaintances are invited to attend the funeral Tuesday, June 10, 1952, at 9:15 a. m. from the Chapel of Bates & Evans, thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Italian Cemetery, San Mateo County, at 12 o'clock. Recitation of the Rosary Monday at 8 p. m.

GIL (RELIGIOUS)—In this city June 8,

		Amount Paid		Balance		Date		Amount Paid		Balance	
...ance				$			To Balance Forward			$	
				$			By Payment	$	481 88	$	
				$		July 3, 1952	"In full			$	
				$			By Geo Linale Jr			$	
6/24/52	Statement			$			" "			$	
	" "			$			" "			$	
	" "			$			" "			$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 7, 1952 19....

Name of Deceased Robert Bruce Gray W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 405 Sonoma ☐Husband ☐Wife ☐Widow of Eliza

Age of Husband or Wife (if living)..... Years

Charge to: Eliza Gray -

Address..... Above -

Order given by 2914 - Lanning Ave - Redding, Cal. (or informant)

How Secured:

If Veteran, State War 1901 - 1904

Occupation Ret PG+E 546-05-7257 (Social Security Number)

Employer and Address

Date of Death June 7, 1952 - 1:25 a (Date) (Hour)

Date of Birth Aug. 25, 1883

Age 68 (Years) (Months) (Days)

Date of Funeral June 10 Tue 10:30 a.m. (Date) (Day of Week) (Hour)

Services at McDonald's Mortuary

Clergyman Redding - (Address)

Religion of the Deceased Prod -

Birthplace Tennessee -

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Sonoma County Hospital

Name of Father

His Birthplace

Maiden Name of Mother Nellie Scarborough

Her Birthplace

Motor / Ship } Remains to

Size of Casket Tampa - Steel Rutland - (State Color and Number)

Manufactured by Sutter Casket Co -

Cemetery / Crematory } Masonic cem - Millville, Cal.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 420	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 15
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		6 45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in, ... Papers		3 61
Oakland Tribune (Names of Newspapers)		4 50
Sales Tax	6	45 -
Total Footing of Bill	$ 444	56
Less 21.50 - 30 days.	$ 21	50
Balance	$ 423	06

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 14, 1952	" Jerd	$ 423 06	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

146

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 6 1952

Name of Deceased Jennie (Gatelli) Gaddini W

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow of John

Charge to Mrs. Mary A. Linale Age of Husband or Wife (if living) ..... Years

Address 50 West View ave S.F.

Order given by above

How Secured George Linale (or informant) 3345 Buckham St. S.F. Lombard 4-7163

If Veteran, State War .....

Occupation At home — no. (Social Security Number)

...yer and Address .....

...f Death June 6, 1952 (Date) (Hour)

... Birth July 14, 1889

62 (Years) (Months) (Days)

... Funeral July 10 Tue 9:30 M. (Date) (Day of Week) (Hour)

...: at St. Francis

...an: .....

... of the Deceased Catholic (Address)

...ce S.F. Colma

... in the State .....

... Death Sonoma County Hospital (or U. S. or City or County) (Years) (Months)

...f Death: .....

...utory Causes .....

.....

...g Physician Vernon Silvershield Corner (or Coroner)

...ress Santa Rosa

... Father Cristofaro Ghezzi

...hplace Italy

... Name of Mother Cussano Ghezzi

...hplace: unk

...Remains to .....

...Casket Gray ½ Cl. (State Color and Number)

...tured by: Golden State C. Co.

...y Italian Cem. San Mateo

Lot No. .....

Grave No. 3

Section No. .....

Block No. 28

Owner .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 345 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 16.50 Underwear 3.25 + 4.50 (State Kind and Color)	20 34
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	17 50
Candelabrum, $ ..... Candles, $	19 75
Door Spray, $ ..... Gloves, $	19 22 5 3
Funeral Car, $ ..... Ambulance, $	$ 7 67 5
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to San Mateo Permit	2 —
Deliver Flowers to Casket Spray	25 00
Removal Charges	
Procuring Burial Permit 1 c/c — (State Number and District)	1 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Italian Cem —	75 70
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Mass	15 —
....line Death Notices in S.F. Examiner — (Names of Newspapers)	6 30
Local Posted	3 61
Sales Tax	5 18
Total Footing of Bill	$ 499 13
Less 17.25 30 days	$ 17 25
Balance	$ 481 88

Entered into Ledger, page ..... or below.

GADDINI—In Santa Rosa, June 6, 1952, Jennie (Gotelli) Gaddini of Sonoma, dearly beloved sister of Mrs. Mary Linale of San Francisco; a native of San Francisco, aged 62 years.
Friends and acquaintances are invited to attend the funeral Tuesday, June 10, 1952, at 9:15 a. m. from the Chapel of Bates & Evans, thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Italian Cemetery, San Mateo County, at 12 o'clock. Recitation of the Rosary Monday at 8 p. m.

GIL (RELIGIOUS)—In this city June 8,

		Amount Paid	Balance	Date		Amount Paid	Balance
...lance			$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	July 3, 1952	" In full	481 88	$
		$	$		By Geo Linale Jr		$
6/24/52	Statement	$	$		" "		$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

GADDINI, Jennie

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 7, 1952 19....

Name of Deceased Robert Bruce Gray (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 2 Bx 405 Sonoma ☐Husband ☐Wife ☐Widow of Eliza

Age of Husband or Wife (if living) ..... Years

Charge to: Eliza Gray -

Address: Above -

Order given by 2914 - Lanning Ave - Redding, Calif. (or informant)

How Secured: .....

If Veteran, State War 1901 - 1904

Occupation Ret PG+E 546-05-7257 (Social Security Number)

Employer and Address .....

Date of Death June 7, 1952 - 1:25 - a (Date) (Hour)

Date of Birth Aug. 25, 1883

Age 68 (Years) (Months) (Days)

Date of Funeral June 10 Tue 10:30 A.M. (Date) (Day of Week) (Hour)

Services at McDonald's Mortuary

Clergyman Redding - (Address)

Religion of the Deceased Prod -

Birthplace Tennessee -

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address Sonoma County Hospital

Name of Father .....

His Birthplace .....

Maiden Name of Mother Nellie Scarborough

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Tampa - Steel Rutland - (State Color and Number)

Manufactured by Sutter Casket Co. -

Cemetery / Crematory } Masonic cem - Millvill, Calif

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 15
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		6 45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
2 Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
.... line Death Notices in ..... Papers		2 61
Oakland Tribune (Names of Newspapers)		4 50
Sales Tax		6 43 -
Total Footing of Bill	$	444 56
Less 21.50 - 30 days	$	21 50
Balance	$	423 06

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 14, 1952	" Jarl	$ 423 06	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 8 1952

Name of Deceased Loretta V. Finnegan W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence North side Ave. Bayes Springs ☐Husband ☐Wife ☐Widow } David

Charge to Mrs. Jane (marie) Bipler or.....of } Age of Husband or Wife (if living).....Years

Address P.O. Bx 44 - Cromas, Cal

Order given by Above (or informant)

How Secured:

If Veteran, State War

Occupation at home (Social Security Number)

Employer and Address

Date of Death June 8, 1952 (Date) 10:20 A. (Hour)

Date of Birth March 2, 1879

Age 73 (Years) 3 (Months) 6 (Days)

Date of Funeral June 10 Tue (Date) (Day of Week) 10:45 A.M. (Hour)

Services at St. Francis (Address)

Clergyman:

Religion of the Deceased Catholic

Birthplace Iowa

Resided in the State - (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Metastatic Carcinoma

Contributory Causes

Certifying Physician Robert Nacheson M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Thomas Mohan

His Birthplace Ohio

Maiden Name of Mother Catherine Cowan

Her Birthplace Iowa

Motor Ship } Remains to

Size of Casket # (State Color and Number)

Manufactured by:

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 200	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ 00 ... Underwear, $		
~~Suit or~~ Dress 13 - 24 39 (State Kind and Color)	13	39
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		10
Funeral Car, $ ... Ambulance, $		15
Limousines to Cemetery ... @ $		13
Extra Limousines ... @ $		28
Autos to R. R. Station ... @ $		13
Getting Remains from:		3.84
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. one Grave	65	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Nasa	15	00
... / ... C/C	1	00
...line Death Notices in ... Papers		
... Index Tribune (Names of Newspapers)	3	61
Sales Tax	2	45
Total Footing of Bill	$ 341	45
Less 10% 30 days	$ 10	75
Balance	$ 330	70
Entered into Ledger, page ... or ~~below~~	1	-

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
		7/7/52 statement								329	70
		To Above Balance ... C/C	Sent also.	$			To Balance Forward			$	
		By Payment	$	$			By Payment	$		$	
		" "	$	$		July 8 $	" "	$		$	
		" "	$	$			Dr Friel	$ 329	70	$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	
		" "	$	$			" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 13 19 52

Name of Deceased Elsie Wallace

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 169 Chase St. Sonoma ☐Husband ☐Wife ☐Widow } Worth J.

Charge to Worth J. Wallace or.....of } Age of Husband or Wife (if living).....Years

Address above -

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation at home No. (Social Security Number)

Employer and Address.....

Date of Death June 13, 1952 (Date) 5:30 A. (Hour)

Date of Birth June 23, 1892

Age 59 (Years) 11 (Months) 21 (Days)

Date of Funeral June 16 (Date) Mon (Day of Week) 2:30 P. M. (Hour)

Services at Chapel -

Clergyman..... (Address)

Religion of the Deceased Prod

Birthplace Chicago, Ill -

Resided in the State 4 months (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Bradford (or Coroner)

His Address Sonoma

Name of Father Andrew Alstrom

His Birthplace.....

Maiden Name of Mother Johnson

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket Cedar Rose (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } mt. cem. Sonoma

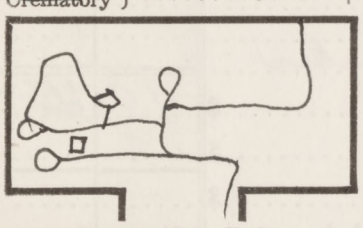

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 350	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		17 5
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		19 03
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		57 0
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot 4 Plots @ 2 =	8	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister Rev Ferrel	10	-
Music - Marguerite Dunbar	10	-
....line Death Notices in ..... Papers		
Local notice	3	61
(Names of Newspapers) Chicago Tribune		-
Sales Tax	5.	70
Total Footing of Bill ..... $	457	31
Less 18.25 ..... $	18	25
Balance ..... $	439	06

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	June 16 52	" Cash	$439 06	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
7	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 11 1952

Name of Deceased Thomas O. Moore W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Weaverville, Caly — (What Race)

☒Husband ☐Wife ☐Widow } Lena Louise Moore P.O. Box 291
or.....of } Weaverville Calif.
Age of Husband or Wife (if living).....Years

Charge to: McDonald Mortuary

Address Redding Calif

Order given by McDonald Guaranteed 95.00
(or informant)

How Secured Mrs Moore said Masonic Lodge of Weaverville was paying all expenses.

If Veteran, State War.....

Occupation Judge 555-16-5973
(Social Security Number)

Employer and Address Justice Crt

Date of Death June 11, 1952 11 A.
(Date) (Hour)

Date of Birth Oct. 22, 1889

Age 62
(Years) (Months) (Days)

Date of Funeral 6/16/52 Mon 11 A.M.
(Date) (Day of Week) (Hour)

Services at commital only Chapel of Chimes

Clergyman E. Foster
(Address)

Religion of the Deceased Prod.

Birthplace California

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Weaverville, Caly

Cause of Death Coronary Occlusion

Contributory Causes Hemiplegia

Arteriosclerosis

Certifying Physician C. A. Chapman, Coroner
(or Coroner)

His Address Weaverville, Caly

Name of Father Shirley Moore

His Birthplace —

Maiden Name of Mother —

Her Birthplace —

Motor Ship } Remains to
from McDonald's Redding
(State Color and Number)

Size of Casket

Manufactured by

Cemetery Crematory } Chapel of the Chimes, Santa Rosa —

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays) $		
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from Rocket and		
Taking Remains to Santa Rosa	35	00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit for ashes Mt. Cem (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation Permit	45	50
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Grave Marker	5	—
line Death Notices in Papers (Names of Newspapers)		
Sales Tax on Grave Marker		
Total Footing of Bill $	90	65 (65)
Less $		
Balance $		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
6-16-52	Statement to McDonald's		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 20, 1952	"	$ 90 65	$
	" full	$	$
	"	$	$
	"	$	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 18 1952

Name of Deceased Ettore Cadorin W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence East Napa St. Sonoma ☐Husband ☐Wife ☐Widow } Lovie

Charge to Mrs. Lovie Cadorin or.....of } Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured

If Veteran, State War yes

Occupation Artist Sculpture no. (Social Security Number)

Employer and Address self

Date of Death June 18, 1952 3 P.M. (Date) (Hour)

Date of Birth March 1, 1876

Age 76 (Years) (Months) (Days)

Date of Funeral June 20 Fri 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Venice Italy

Resided in the State 11 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Cal.

Name of Father Vincenzo Cadorin

His Birthplace Italy

Maiden Name of Mother Matilda Rocchon

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket Hollywood (State Color and Number)

Manufactured by Hollywood Co.

Cemetery Crematory } Mt. Cemetery Sonoma

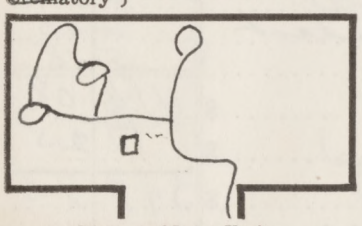

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 637	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		3 18 50
Folding Chairs, $ ... Tarpaulin, $		15
Candelabrum, $ ... Candles, $		33 3 50
Door Spray, $ ... Gloves, $		3
Funeral Car, $ ... Ambulance, $		10 00 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mass	15	-
...		
... line Death Notices in ... Papers		
... Local Posted	3	6 1
... Examiner - 2 days (Names of Newspapers)	18	28
... Chron. - 2 days	17	60
Sales Tax	10	01
Total Footing of Bill	$ 771	50
Less 32.70 30 days	$ 32	70
Balance	$ 738	80

Entered into Ledger, page .....or below.

Date		Amount Paid		Balance		Date			Amount Paid		Balance	
7/7/52	Statement						To Balance Forward					
	ance			$			By Payment		$		$	
		$		$		July 19, 1952	" "		$ 738	80	$	
		$		$			" " Paid in full				$	
		$		$			" "		$		$	
		$		$			" "		$		$	
		$		$			" "		$		$	
		$		$			" "		$		$	

CADORIN—In Sonoma, Calif., June 18, 1952, Ettore Cadorin, dearly beloved husband of Mrs. Lovie Cadorin of Sonoma, beloved brother of Prof. Guido Cadorin, Academy of Fine Arts, Venice, Italy; Mrs. Delia Bartello, Mrs. Giselda Bressan and Mrs. Ginevia Fabris, all of Venice, Italy; a very close friend and teacher of Miss Luceba Jouett and Miss Marian Brackenridge of Sonoma, Calif.; a native of Venice, Italy; aged 76 years. A member of National Sculptors Society of N. Y.

Friends are invited to attend the funeral services Friday, June 20, at 9:15 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma.

(New York papers please copy).

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 28 19 52

Name of Deceased Elsie Kathryn Jensenhofer W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence McArthur St. Sonoma (What Race)

☐Husband ☐Wife ☐Widow } Albert A.
or.....of } Age of Husband or Wife (if living).....Years

Charge to Leland A. Jensenhofer

Address 515 Sunny Slope, Petaluma

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home (Social Security Number)

Employer and Address.....

Date of Death June 28, 1952 (Date) 6 P. (Hour)

Date of Birth Aug. 22, 1888

Age 63 (Years) (Months) (Days)

Date of Funeral July 1 (Date) Tue (Day of Week) 2 P. (Hour) M.

Services at Chapel of the Chimes S.R.

Clergyman Rev. Brayden McClellan S.R. (Address)

Religion of the Deceased Prod.

Birthplace San Francisco

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Hwy. 12 - At Dunbar Rd.

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father W. W. Smith

His Birthplace Denmark

Maiden Name of Mother Kathryn Clausen

Her Birthplace San Francisco

Motor Ship } Remains to.....

Size of Casket 1.95 - Grey 1/2 ch. (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	345 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		17 50
Folding Chairs, $..... Tarpaulin, $		3
Candelabrum, $..... Candles, $		5 17 50
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 - 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. D. A. McClellan		10 -
Photographs taken		
....line Death Notices in..... Papers		
Democrat		4 -
(Names of Newspapers) S. F. Chronicle		4 80
San Rafael Independent		2 10
Sales Tax		5 18
Total Footing of Bill	$	416 08
Less 17.25 - 30 days	$	17 25
Balance	$	398 83

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
7/1/52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 1, 1952	" Paid in Full	$ 398 83	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 4 19 52

Name of Deceased John F. Gotelli

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 172 Spain St Sonoma

☐ Husband ☐ Wife ☐ Widow of Amelia M.

Age of Husband or Wife (if living)..... Years

Charge to Mrs Amelia M. Gotelli or Marie Merlo

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Contractor Cement X 551-18-0037 (Social Security Number)

Employer and Address.....

Date of Death July 4, 1952 (Date) 9:50 P (Hour)

Date of Birth Sept 22, 1886

Age 65 (Years) (Months) (Days)

Date of Funeral July 7 (Date) mon (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Cal.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Eldorado Hotel

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father John Gotelli

His Birthplace.....

Maiden Name of Mother Louisa Cozzeretto

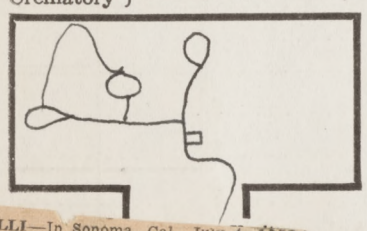
Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket Metal - Ark. Sil. - (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cem. Sonoma



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	821 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		4 10 50
Dressing Body, $..... Underwear, $		15
Suit or Dress (State Kind and Color)		42 50 3
Slippers, $..... Hose, $		12 76 50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket Spray		25 -
Removal Charges		
Procuring Burial Permit (State Number and District)		5 -
___ Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Manual		15 -
....line Death Notices in .... Papers		
Indep. Tribune (Names of Newspapers)		3 61
Examiner		7 98
Sales Tax		12 77
Total Footing of Bill	$	965 36
Less 41.80	$	41 80
Balance	$	923 56

Entered into Ledger, page.....or below.

GOTELLI—In Sonoma, Cal., July 4, 1952, John F. Gotelli, dearly beloved husband of Mrs. Amelia M. Gotelli of Sonoma, beloved father of Mrs. Marie Merlo of Sonoma, loving brother of Mrs. Theresa Oneto of Angels Camp, and Mrs. Annette Valente of San Francisco, adored grandfather of John H. and Richard Paul Merlo of Sonoma. A native of California, aged 65 years.

Friends are invited to attend the funeral services Monday, July 7, at 9:15 a. m. from the Chapel of Bates and Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mt. Cemetery. Rosary will be recited Sunday evening at 8 o'clock.

		Amount Paid		Balance		Date		Amount Paid		Balance	
Balance				$		July 31, 1952	To Balance Forward			$	
nt		$		$			By Payment	$		$	
		$		$			" "	$ 923	56	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

154

4262

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry July 7 19 52

Name of Deceased Elizabeth Mary Hackett W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Box 15 - Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Age of Husband or Wife (if living) ..... Years

Charge to George Hackett

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address .....

Date of Death July 7, 1952 (Date) Born 9:30 A. (Hour)

Date of Funeral Burial July 7, Mon - 2 P. M. (Date) (Day of Week) (Hour)

Date of Birth July 7, 1952

Age Stillborn (Years) (Months) (Days)

Services at none -

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Toxemia - Pregnancy

Contributory Causes .....

.....

Certifying Physician W. H. Price M.D. (or Coroner)

His Address Sonoma -

Name of Father George W. Hackett

His Birthplace .....

Maiden Name of Mother Eleanor Mary Rodgers

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Bot - (State Color and Number)

Manufactured by Made here

Cemetery / Crematory } Valley Cem. Sonoma

Baby land
Valley cem -

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Bot opening & Burial.

Complete Funeral (except outlays)	$	12 50
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
9-1-52	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 15 1952	By Payment	$ 12 50	$
	"	$	$
	"	$	$
	"	$	$
	"	$	$
	"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 14 19 52

Name of Deceased Alice Elizabeth Narrbaw W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Riverside Drive El Verano ☐Husband ☐Wife ☐Widow } Henry

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Jim Narrbaw

Address P.O. Box 90 Glen Ellen

Order given by Jim (or informant)

How Secured

If Veteran, State War no

Occupation At home (Social Security Number)

Employer and Address

Date of Death (Date) (Hour)

Date of Birth Sept. 14, 1890

Age 62 (Years) (Months) (Days)

Date of Funeral July 17 (Date) Thurs (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prod

Birthplace Nevada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician John C Lee MD (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Hebert Chance

His Birthplace

Maiden Name of Mother Jane Lucumber

Her Birthplace

Motor Ship } Remains to

Size of Casket Hi Jobe (State Color and Number)

Manufactured by L. F. & C. Co.

Cemetery Crematory } Mt. Mem. Sonoma, Calif

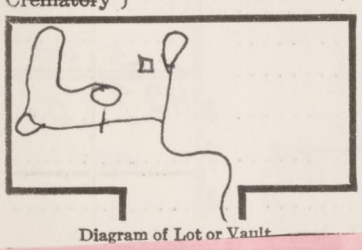


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 449	
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		22 50
Folding Chairs, $ Tarpaulin, $		15
Candelabrum, $ Candles, $		2 39 50
Door Spray, $ Gloves, $		3
Funeral Car, $ Ambulance, $		7 18 50
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Organ - Marvuccu	5	—
Minister - Rev Loken	10	—
line Death Notices in Papers		
Vet. Aut. Bear Flag (Names of Newspapers)		
Local, Posted	3	61
Press Democrat	4	00
Sales Tax	7	19
Total Footing of Bill	$ 548	80
Less Courtesy discount	$ 46	40
Balance	$ 502	40

Entered into Ledger, page.....or below.

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Emperor, Full lined Fringe on overlay Sr B & Bp

HANDLES: 652-6x2- Hdls

					Date		Amount Paid		Balance	
						To Balance Forward			$	
						By Payment	$		$	
						" "	$		$	
						" "	$		$	
					July 25-52	Dr Full	$ 502	40	$	
7/24/52		Statement				" "	$		$	
		"	"			" "	$		$	
		"	"			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

156

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found July 15 1957

Name of Deceased. Isabelle R. McLean

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 2. B4267 - Sonoma, Cal. ☐Husband ☐Wife ☐Widow } Andrew

Charge to John McLean (Son) or.....of

Address. Above Age of Husband or Wife (if living).....Years

Order given by Mrs Fannie Auben, Sonoma - (or informant)

How Secured

If Veteran, State War no

Occupation. At home U.S. (Social Security Number)

Employer and Address Probably 14th -

Date of Death Unk. found 15th (Date) (Hour)

Date of Birth. Unknown -

Age. About 89 (Years) (Months) (Days)

Date of Funeral July 17 (Date) Thurs (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev. Loken Glen Ellen (Address)

Religion of the Deceased Prod.

Birthplace Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Transition With hypoproteinemia

Contributory Causes Senile

See Certificate for more -

Certifying Physician Vernon Silvershield (or Coroner)

His Address. Santa Rosa Calif.

Name of Father Rasa

His Birthplace

Maiden Name of Mother Unknown

Her Birthplace ?

Motor Ship } Remains to

Size of Casket Grey ½ Ch. 195½ - Imp Brocade Mush - Lon - (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

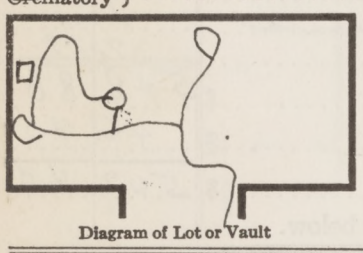


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	33.4 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		16 15
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		1 80
Candelabrum, $ Candles, $		3
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		5 40
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		50 -
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Loken		10 -
line Death Notices in Papers		10 -
Lassal - Pasted (Names of Newspapers)		3 61
Sales Tax		5 40
Total Footing of Bill	$	429 01
Less 17.25 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
July 22 1952	To Above Balance		$
	By Payment	$	$
April 7 53	In full	$ 15 00	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Aug 28-52		$ 176 00	$
Sept 27, 1952		$ 54 01	$
Oct 25, 1952		$ 40 -	$
Nov 29. 1952		$ 61	$
Dec 30 1952		$ 25 -	$
Jan 31 1953		$ 24	$ -
Feb 28 53		$ 20 -	
Mar 20 53		$ 15	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 11 19 52

Name of Deceased Richard V. O'Brien W.

☑ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: El Verano Calif ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to Dorothy Bancroft Dresel

Address Sonoma

Order given by..... (or informant)

How Secured:

If Veteran, State War no

Occupation Ret. Labarer no (Social Security Number)

Employer and Address

Date of Death Aug 11th (Date) unk (Hour)

Date of Birth 1880

Age 72 (Years) (Months) (Days)

Date of Funeral Aug 14 (Date) Thurs (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Minnesota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Otto Dresels Home

Cause of Death Rupture & heart

Contributory Causes

Certifying Physician Vernon Silversheld (or Coroner)

His Address Santa Rosa Calif

Name of Father Thomas O'Brien

His Birthplace

Maiden Name of Mother Ada Hendricks

Her Birthplace

Motor / Ship } Remains to

Size of Casket #80 A. Grey (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145	—
Casket			
Burial Vault or Box (State Kind)		15	—
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			
Dressing Body, $ ... Underwear, $			7.50
Suit or Dress (State Kind and Color)			15 / 87.50
Slippers, $ ... Hose, $			3 / 2.50
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $ ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station ... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ ... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot ... one Grave		65	—
Cremation			
Flowers, $ ... Palms, $ ... Matting, $			
Rental of Tent, $ ... of Temporary Vault, $			
Opening of Grave or Tomb		25	—
Lining Grave, $ ... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ... Singers, $ ... Organist, $			
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service ... mass		15	—
... line Death Notices in ... Papers			
... Local ... Posted (Names of Newspapers)		3.	61
Sales Tax		2.	18
Total Footing of Bill	$	270	79
Less 8.00 — 30 days	$	8	—
Balance	$	262.	79

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 3, 1952	On Acct	$43 25	$
	" "	$	$	Sept 8, 52	In full	$218 44	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

158

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 20 1952

Name of Deceased Early E. Stradley W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Grove St. Sonoma ☐Husband ☐Wife ☐Widow } of .....

Charge to: Mrs. Cicely Shelton, daughter Age of Husband or Wife (if living) ..... Years

Address 705 - W. 3rd St. Sonoma -

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War Yes W.W.I.

Occupation Ret. Capt. U.S.A. - No. (Social Security Number)

Employer and Address U.S. -

Date of Death Aug. 20, 1952 11:30 P. (Date) (Hour)

Date of Birth March 28, 1882

Age 70 (Years) (Months) (Days)

Date of Funeral Aug. 29 Fri. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis - (Address)

Clergyman: .....

Religion of the Deceased Catholic

Birthplace Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death U. A. Hospital Oakland -

Cause of Death: Carcinoma of Prostate

Contributory Causes .....

Generalized Arteriosclerosis

Certifying Physician Fred H. Draper M.D. (or Coroner)

His Address V.A. Hospital

Name of Father Andrew Stradley

His Birthplace .....

Maiden Name of Mother Anna Honnold

Her Birthplace Illinois

Motor / Ship } Remains to .....

Size of Casket Metal - Sealer (State Color and Number)

Manufactured by: S.F. Casket Co. -

Cemetery / Crematory } Greenwood Memorial Cem - San Diego, Cal -

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$ 836	-
Casket		
Burial Vault or Box (State Kind)	45	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		4.18
Dressing Body, $ ..... Underwear, $		4.5
Suit or Dress (State Kind and Color)		46.3
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		13.89
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Oakland permit	1	00
Deliver Flowers to		
Removal Charges E.A. Pressato San Diego -	42	02
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. M. Mass	15	-
.....		
....line Death Notices in .... Papers		
..... Oakland Local	3.	61
..... San Diego paper - (Names of Newspapers)	-	
.....		
Sales Tax	13	89
Total Footing of Bill	$ 956	52
Less 44.05 - 30 days	$ 44	05
Balance	$ 912	47

Entered into Ledger, page ..... or below.

SIZE 6/6 No. Groton H.P. Sealer Color Heat

DESCRIPTION: Baron Panel & Pillow

Full lined Antique Empire B & Bp same

HANDLES:

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
	" "	$		$	
Sept 15, 1952	" Full	$ 912	47	$	
	"	$		$	
Jan 12, 1953	" Adjustment.	$ 212	02	$	
	" "	$		$	
	" "	$		$	

9-12-52 Statement $ $ $

9-5-52 Filed with Document.

Over Ck # 1606 - sent to Cicely Shelton for overpayment of $212.02

Insurance $ ..... Names of Lodges ..... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to Bank of Am. (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 23 1952

Name of Deceased Mary Elizabeth Hendrickson W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Bx 82 - Sonoma ☐Husband ☐Wife ☐Widow } Henry Paul

or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Bigelo Hoadley

Address. Rt 1 Bx 460 - Sonoma

Order given by..... (or informant)

How Secured: :

If Veteran, State War No.

Occupation At home - (Social Security Number)

Employer and Address

Date of Death Aug 23, 1952 5:50 P. (Date) (Hour)

Date of Birth Oct 27, 1872

Age 79 (Years) (Months) (Days)

Date of Funeral Aug 29 Fue 10 A. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod. -

Birthplace Canada -

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death. Home

Cause of Death

Contributory Causes

Certifying Physician Robert L. Mallenhauer M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father John Harmer

His Birthplace England

Maiden Name of Mother Grace My Worthy

Her Birthplace England -

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } I. O. O. F. Cem. Santa Rosa, Cal

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345	00
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit~~ or Dress 17.00 - 14.51 (State Kind and Color)	17	51
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		17 50
Funeral Car, $ ... Ambulance, $		17
Limousines to Cemetery ... @ $		19 50
Extra Limousines ... @ $		3
Autos to R. R. Station ... @ $		6 85
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot I.O.O.F. Charges		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service, Music - Dan	10	-
Dr Buttrum	10	-
... line Death Notices in ... Papers		
Posted	3	61
(Names of Newspapers) Democrat	4	00
	5	18
Sales Tax		
Total Footing of Bill	$ 395	30
Less 17.25	$ 17	88
Balance	$ 378	05
Entered into Ledger, page ... or below.	377	42

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
Sept 12, 1952	"	$ 377 42	$
	"	$	$
	"	$	$
	"	$	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 25 1952

Name of Deceased Mela Myatt W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Bx. 458 Sonoma ☐Husband ☐Wife ☐Widow of Charles

Charge to Mrs. Hilda Dutel Age of Husband or Wife (if living).....Years

Address Rt. 1 Bx. 458 Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation At home No (Social Security Number)

Employer and Address

Date of Death Aug. 25, 1952 (Date) (Hour)

Date of Birth Aug. 6, 1872

Age 80 (Years) + (Months) 19 (Days)

Date of Funeral Aug. 27 (Date) Wed (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death:

Contributory Causes.....

Certifying Physician

His Address Sonoma County Hospital (or Coroner)

Name of Father George Mencke

His Birthplace

Maiden Name of Mother

Her Birthplace:

Motor Ship } Remains to

Size of Casket 195 - Grey & Ch (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes - SR

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		10
Slippers, $ ... Hose, $		1.72 3
Folding Chairs, $ ... Tarpaulin, $		1.75
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
~~Removal~~ Charges at Dept. Columbarium		—
Procuring Burial Permit 27 - (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation + Transferring Ashes	49	80
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Buttrum	10	—
Organ - Marcucci	5	—
...line Death Notices in ... Papers		
Local Posted (Names of Newspapers)	3	61
Sales Tax	5	18
Total Footing of Bill	$ 418	59
Less	$ 17	25
Balance	$ 401	34

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Aug 29 52	By Payment In full	$ 401 34	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 7 Yearly No. 7 Date of Entry Sept. 2 1952

Name of Deceased Theresa Gava W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Central & 7th Sts Boyes Springs ☐ Husband ☐ Wife ☐ Widow of Joseph

Charge to: P.O Bx 344 - Boyes Spring or Age of Husband or Wife (if living) Years

Address: Joseph Gava

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation At Home (Social Security Number)

Employer and Address

Date of Death Sept 2, 1952 (Date) 11:40 P. (Hour)

Date of Birth May 11, 1900

Age 52 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Regan Funeral Home

Clergyman: Priest (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Cardio Hepatic renal failure

Contributory Causes Massive Carcinomatosis

Frozen Pelvis - ? pelvis Carcinoma

Certifying Physician Michael M. Miketa MD (or Coroner)

His Address Boyes Springs, Cal

Name of Father Babsta Baetti

His Birthplace Italy

Maiden Name of Mother Lorenza Barberre

Her Birthplace Italy

Motor / Ship Remains to

Size of Casket 7 ft - Jule - #1 (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory St. Joseph's Cem. San Pablo

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 414	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		207
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		6 21
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		6 21
Total Footing of Bill	$ 420	21
Less 20.70	$ 20	70
Balance	$ 399	51

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 10	Da Full	$ 399 51	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness

Address

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 1 1952

Name of Deceased Antonia Rossi W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 209 S. 2nd St. Dunsmuir, Cal. ☐Husband ☐Wife ☐Widow of Phillip

Charge to: A. Rossi

Address: above

Order given by Nobles Chapel (or informant)

How Secured:

If Veteran, State War No.

Occupation At Home — (Social Security Number)

Employer and Address

Date of Death Sept 4 1952 (Date) 10 P. (Hour)

Date of Birth Sept 3, 1870

Age 81 (Years) (Months) (Days)

Date of Funeral Sept 5 (Date) Fri (Day of Week) 10 A. (Hour) M.

Services at St. Frances

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Dunsmuir, Cal.

Cause of Death: Coronary Occlusion

Contributory Causes: Arteriosclerosis Coronary Arterius —

Certifying Physician Eugene V. Anderson M.D. (or Coroner)

His Address Dunsmuir, Cal.

Name of Father

His Birthplace

Maiden Name of Mother Regina Ghiletta

Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket Bought at Nobles — (State Color and Number)

Manufactured by:

Cemetery / Crematory } Mt. Cem. Sonoma, Cal. —

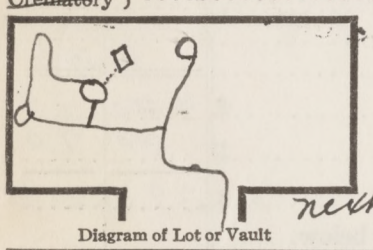

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No. next to Happy Heart

Owner

Complete Funeral (except outlays) Removal from Crockett - conducting funeral	$	50 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Denise V. Bruns —		10 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Casket, Spray		20 00
Mass		15 00
line Death Notices in Papers		
Local - Posted (Names of Newspapers)		3 61
Shipping Box, used for Burial —		—
Sales Tax		
Total Footing of Bill	$	153 61
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
9-6-52	Statement To Above Balance		$
10/10/52	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$ 153 61	$
Oct 31 1952	" In full	$	$
	By " Nobles Chapel	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1... Yearly No. ..... Date of Entry Sept. 6 19 52

Name of Deceased Edward John Cassidy — W

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence P.O. 172 - Glen Ellen, Cal. — ☐Husband ☐Wife ☐Widow of Bridget

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Bridget Cassidy

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no

Occupation Ret. Apt. mgr. no. (Social Security Number)

Employer and Address .....

Date of Death Sept 6, 1952 - 10:45 A (Date) (Hour)

Date of Birth July 9, 1884

Age 68 (Years) (Months) (Days)

Date of Funeral Sept. 8, 1952 - Mon. 9 A. M. (Date) (Day of Week) (Hour)

Services at St. Frances

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Ireland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Rupture of Abdominal Aorta

Contributory Causes .....

.....

Certifying Physician Michael M. Mekita M.D. (or Coroner)

His Address Boyes Hot Springs, Cal.

Name of Father Frank Cassidy

His Birthplace Ireland

Maiden Name of Mother Ann Kelly

Her Birthplace Ireland -

Motor Ship } Remains to .....

Size of Casket Jasper - (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Holy Cross Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		215
Barber, $ ..... Hair Dressing, $		6 45
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Casket Spray	30	00
Trip to Coroner's Inquest ~~Wreath (Waddell)~~	12	50
Delivering Box to ~~Basket (Grandpa)~~	10	00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit San Mateo Co. (State Number and District)	2	—
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot At Holy Cross	57	33
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15	00
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
D. J. Examiner	9	40
	6	45
Sales Tax		
Total Footing of Bill	$ 540	18
	4	
Less 21.50 4 c/c -	$ 544	18
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	Balance			$			To Balance Forward			$	
	t	$		$			By Payment Paid in full	$		$	
	~~Wreath~~	$		$			" Check	$ 544	18	$	
		$		$		Sept 24 1952	" ~~Check~~ #4715 sent	$ ~~21~~	~~50~~	$	
		$		$		Boy ck	for "dues"	$ 522	68	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
9/20/52	Statement	$		$			" "	$		$	

CASSIDY—In Glen Ellen, Calif., Sept. 6, 1952, Edward John Cassidy, dearly beloved husband of Mrs. Bridget Cassidy, of Glen Ellen, beloved father of Mrs. Patricia O'Callaghan, Mrs. Ann Timmer, Frank Cassidy and Mrs. Regena Pluckebaum, all of San Francisco; also leaves seventeen grandchildren; a native of Ireland; aged 68 years.

Friends are invited to attend the funeral services Monday, Sept. 8, at 8:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul, commencing at 9 a. m. Interment, Holy Cross Cemetery, San Mateo County. Rosary will be recited Sunday evening at 8:30. Spiritual bouquets preferred.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 9, 1952

Name of Deceased Anmita G. Garloff - W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 765 Austin St. ☐Husband ☐Wife ☐Widow of John

Charge to: Mildred L. Gordon Age of Husband or Wife (if living).....Years

Address: Above -

Order given by.....
(or informant)

How Secured:

If Veteran, State War No.

Occupation At home No.
(Social Security Number)

Employer and Address

Date of Death Sept 9, 1952 - Found 5-9.
(Date) (Hour)

Date of Birth August 25, 1889

Age 63
(Years) (Months) (Days)

Date of Funeral Aug 11 - Thurs - M.
(Date) (Day of Week) (Hour)

Services at:

Clergyman:

Religion of the Deceased Prod. (Address)

Birthplace Woodeen Valley Calif

Resided in the State Life
(or U.S. or City or County) (Years) (Months)

Place of Death Elverado Rest Home

Cause of Death:

Contributory Causes.....

.....

Certifying Physician Carroll L. Andrews M.D.
(or Coroner)

His Address Sonoma, Calif. -

Name of Father J. K. Napier

His Birthplace Wisconsin

Maiden Name of Mother Annie Woodeen

Her Birthplace: Calif. - Woodeen Valley, Napa

Motor / Ship } Remains to .....

Size of Casket Grey Ch. 1952 -
(State Color and Number)

Manufactured by: Golden Gate C. Co.

Cemetery / Crematory } Chapel of the Chimes S.R. thence to Sebastopol

Lot No. Family Plot

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

~~Casket + Freight~~ Complete Funeral (except outlays)	$	250 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress 14 oz 14 42 (State Kind and Color)		14 42
Slippers, $ ..... Hose, $		12 50
Folding Chairs, $ ..... Tarpaulin, $		14
Candelabrum, $ ..... Candles, $		1 39
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		4 17
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket Spray		30 -
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		22 50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Lupsky -		10 -
:		
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)		3 61
Observant		4 00
Sales Tax		3 75
Total Footing of Bill	$	338 28
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
9/11/52	Statement	To Above Balance			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$				" "	$		$	
		" "	$		$		Oct 17, 1952		" "	$	338 28	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 11 1952

Name of Deceased Carrie R. Bulpen W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 77A Sonoma ☐Husband ☐Wife ☐Widow of..... Enoch

Charge to: In Bank - Joint account Age of Husband or Wife (if living)..... Years

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation at home - No. (Social Security Number)

Employer and Address.....

Date of Death Sept 11 1952 5:05 P. (Date) (Hour)

Date of Birth June 5, 1883

Age 69 (Years) (Months) (Days)

Date of Funeral Sept 13 Sat 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Prod.

Birthplace Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father William W. Farmer

His Birthplace Missouri

Maiden Name of Mother Lavina Newland

Her Birthplace Missouri

Motor Ship } Remains to.....

Size of Casket Grey ½ C.h. (State Color and Number)

Manufactured by Golden State Co.

Cemetery ~~Crematory~~ } Mt. Gem Sonoma

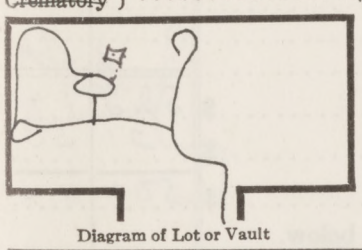

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	330
Casket		
Burial Vault or Box (State Kind)		150
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		16 50
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		18 00
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		5 40
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Service		
Personal Service Music Manuscript		10 —
Science Reader		10 —
....line Death Notices in ..... Papers		
Local —		3 61
(Names of Newspapers) Press Democrat		4 00
Sales Tax		5 40
Total Footing of Bill	$	433 01
Less 17.25 - 30 days	$	17 25
Balance	$	415 76
Entered into Ledger, page ..... or below. Certified Certificat		416 76

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	Sept 18 52	By Payment Full	$ 416 76	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 20 1952

Name of Deceased Fred Joseph Proletti W.
☐ Married ☒ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 393 Sonoma ☐Husband ☐Wife ☐Widow of.....
Age of Husband or Wife (if living).....Years

Charge to: V. Proletti

Address: above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Rancher (Social Security Number)

Employer and Address.....

Date of Death Sept 20, 1952 (Date) 10 P.M. (Hour)

Date of Birth July 7, 1930

Age 22 (Years) (Months) (Days)

Date of Funeral Sept 24 Wed (Date) (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif.

Name of Father V. Proletti

His Birthplace Italy

Maiden Name of Mother Clara Silveira

Her Birthplace Sonoma

Motor Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Mt. Elem. Sonoma

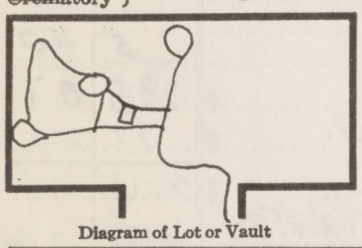

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) $	415	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or ~~Dress~~ 14.50 Dept 50 24.45 (State Kind and Color)	15	45
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		20 50
Funeral Car, $ Ambulance, $		15
Limousines to Cemetery @ $		15
Extra Limousines @ $		
Autos to R. R. Station @ $		23 75
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		7 50
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	00
line Death Notices in Papers		
Local Posted (Names of Newspapers)	2	61
Sales Tax	6	68
Total Footing of Bill $	525	14
Less 21.50 $	21	50
Balance $	504	24

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Sept 25 52	By Payment in full	$504 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 24 1952

Name of Deceased Christina Johnson. W.

☐ Married ☐ Single ☒ Widowed ☒ Divorced (What Race)

Residence Mt Ave Fetters Springs ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Alpha Johnson

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation At Home No. (Social Security Number)

Employer and Address .....

Date of Death Sept 24, 1952 (Date) 12:55 A (Hour)

Date of Birth January 28, 1866

Age 82 (Years) (Months) (Days)

Date of Funeral Sept 27 (Date) Sat (Day of Week) 1:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Sweden

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll B Andrews M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Andersson

His Birthplace Sweden

Maiden Name of Mother .....

Her Birthplace Sweden

Motor Ship } Remains to .....

Size of Casket Hi Pile

Manufactured by A.J. Caskets Co (State Color and Number)

Cemetery Crematory } Mt. Cem. Sonoma Calif

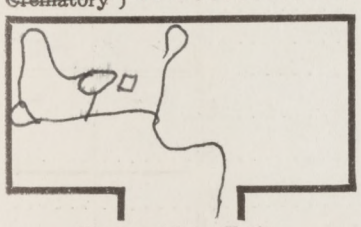

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	449 —
Casket		
Burial Vault or Box (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		22 50 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		23 50 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		18 50 7
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr. Buttrum		10 —
Music - Marucci - Terrace		10 —
....line Death Notices in ..... Papers		
Democrat (Names of Newspapers)		4 00
Legal, Funeral Notice		3 61
Expenses		12 86
Sales Tax		2 19
Total Footing of Bill	$	566 66
Less 23.20 - 30 days.	$	
Balance	$	

Entered into Ledger, page ..... or below.

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabins of Emperor Full lined Fringe on overlay Sr B & Bp

HANDLES: 652-6x2- Hdls

				Date		Amount Paid		Balance	
						To Balance Forward		$	
						By Payment	$	$	
				Oct. 20, 1952		on account	$ 250 —	$	
				Mar. 11, 53		In full	$ 316 66	$	
			$			" "	$	$	
			$			" "	$	$	
10/24/52	Statement		$			" "	$	$	
			$			" "	$	$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept. 25 19 52

Name of Deceased Paul Norbom. W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 13530 Rosencrans Ave. Norwalk ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Henry Norrbom

Address Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Ret. Furniture Sav. (Social Security Number)

Employer and Address .....

Date of Death Sept. 25, 1952 (Date) (Hour)

Date of Birth Dec. 6, 1874

Age 77 (Years) (Months) (Days)

Date of Funeral Sept. (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Prot.

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Peter P. Norrbom

His Birthplace Sweden

Maiden Name of Mother Sara T. O'Connell

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket #3 (State Color and Number)

Manufactured by .....

Cemetery Crematory } Rural Cemetery Stockton Sonoma, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	652	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit ~~or Dress~~ 1.0.50 Underwear 2.00 24.38 (State Kind and Color)		12	88
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			32 50 12 50
Door Spray, $ ..... Gloves, $			3 85 3
Funeral Car, $ ..... Ambulance, $			3 2
Limousines to Cemetery ..... @ $			3
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			1 50
Getting Remains from			1 a
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges Railway from Whittier		32	92
Procuring Burial Permit (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
~~Cremation~~ White-Emerson Charges		100	—
Flowers, $ .... ~~Urns~~, $ .... Matting, $		35	—
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced Cemetery Stockton		68	75
Out of town Undertaker's Charges			
Personal Service Minister Rev. Morrill		10	—
Music - Maureen Terrace		10	—
....line Death Notices in ..... Papers		3	
Local (Names of Newspapers)		2	61
Democrat		4	00
Minister at Cemetery		5	00
Sales Tax		9	78
Total Footing of Bill	$	943	94
Less 32.60 30 days disc allowed to Dec 20, 1952	$		
Balance	$		

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Date		Amount Paid	Balance	Date		Amount Paid	Balance
12/9/52	Statement						
	To Above Balance		$		To Balance Forward		$
Receipts from White-Emerson	By Payment	$	$		By Payment	$	$
+ Stockton Cemetery incs.					"953" Jud		
12-10-52	Statement to Kenney			Mar. 31,	"		
					" "		
					" "		
					" "		
					" "		

Filed - 1 - 15 - 53.

1-15-53 Letter to Stockton Cem. for receipt

" " " " " White Emerson " "

Rec'd Sent

GEORGE W. DOWNING, JR.
ATTORNEY AT LAW
650 SOUTH GRAND AVENUE
LOS ANGELES 17
TRINITY 3731

Insurance ..... Companies .....

.....icient resources Legally available to .....
(Firm Name of Funeral Directors.)

.....he same within ..... days from date. Interest to accrue from

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 7 1952

Name of Deceased Otto Everett Hendrick W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 301 - Sonoma, Caly ☐Husband ☐Wife ☐Widow of Bessie

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Bessie Hendricks

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Ret. Contractor (Social Security Number) no

Employer and Address

Date of Death Oct 7, 1952 (Date) 8:05 P (Hour)

Date of Birth Oct 7, 1885

Age 66 (Years) (Months) (Days)

Date of Funeral Oct 8 (Date) Wed (Day of Week) 2 P (Hour) M.

Services at Chapel

Clergyman Rev Olan Jerrell (Address) Sonoma

Religion of the Deceased Prod

Birthplace Nebraska

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Massive Coronary infarction

Contributory Causes Hypertensive Arteriosclerotic Ht disease

Certifying Physician Michael M. Mikita MD (or Coroner)

His Address Bayes Hot Springs Caly

Name of Father ? Hendrick

His Birthplace

Maiden Name of Mother Martha Barrett

Her Birthplace New York

Motor Ship } Remains to

Size of Casket Metal Cloth H.P. (State Color and Number)

Manufactured by S.F. Casket Co

~~Cemetery~~ Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 488	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		2.44
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		7.32
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Jerrell	10	—
Music - Marcucci Jr. Jen Jensen	10	—
... line Death Notices in ... Papers		
Local Posted (Names of Newspapers)	3	61
The Press Democrat	4	00
one Pic	1	00
Sales Tax	9	32
Total Footing of Bill	$ 569	43
Less 24.40 30 days	$ 24	40
Balance	$ 545	03

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/26/52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Oct 26 52	" In full	$ 545 03	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

170

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 17 1952

Name of Deceased Arthur O. Stark W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 489- West 2nd St Sonoma ☐Husband ☐Wife ☐Widow of Matilda

Age of Husband or Wife (if living).....Years

Charge to Mrs. Mae S. Wilkinson

Address Box 25- Steilacoom, Washington

Order given by above (or informant)

How Secured

If Veteran, State War German Navy

Occupation Ret. Sea Captain ns (Social Security Number)

Employer and Address

Date of Death Oct 17 1952 (Date) 4:35 A- (Hour)

Date of Birth April 13, 1877

Age 76 (Years) (Months) (Days)

Date of Funeral Oct 18 (Date) Sat (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Temple Lodge #147 F&AM Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebro-Vascular Hemorrhage

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Donald M. Gray MD (or Coroner)

His Address Sonoma County Hospital

Name of Father Herman Stark

His Birthplace Germany

Maiden Name of Mother Marie Oldhaver

Her Birthplace Germany

Motor Ship } Remains to

Size of Casket Metal Cloth H.P. (State Color and Number)

Manufactured by P. J. Casket Co. SF

Cemetery Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		24
Folding Chairs, $ Tarpaulin, $		3/
Candelabrum, $ Candles, $		32
Door Spray, $ Gloves, $		3
Funeral Car, $ Ambulance, $		7.
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax Forest Lawn $		
Outlay for ~~Lot~~ Shipping ashes to	4	30
Cremation	45	50
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Marengo		
Personal Service Music - Dunbar	10	-
Temple Lodge #14 - F&AM -		
line Death Notices in Papers		
Local - (Names of Newspapers)	3	61
Sales Tax	7	32
Total Footing of Bill	$ 558	73
Less 24.40 - 30 days	$ 24	40
Balance Charges at Forest Lawn - 23. ought to them	$ 534	33

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Oct 19 51	By Payment	$ 534 33	$
	" "	$	$		By Mrs Wilkinson	$	$
	" "	$	$		" "	$	$
	" "	$	$	Oct 31 1951	Pd By Mrs	$	$
	" "	$	$		"Wilkinson	$ 23 29	$
	" "	$	$		above " cemetery charge	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 18 1952

Name of Deceased George A. Dunlap M.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hiway 12 at Verano Drive ☐Husband ☐Wife ☒Widow } Linda Amelia

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. George Dunlap

Address P.O. Box 242 Sonoma

Order given by "

(or informant)

How Secured Money in B. of A. & T. Estate

If Veteran, State War

Occupation Retired Park attendant

(Social Security Number)

Employer and Address

Complete Funeral (except outlays)	$ 400	—
Casket	30	—
~~Burial Vault~~ or Box Shipper (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

February .. 1953

I hereby acknowledge receipt of Creditor's Claim, in the amount of $430.00 which I will file against the Estate of

George A. Dunlap, deceased.

Signed Robert McFadden

Robert McFadden, Attorney for,
George A. Dunlap, Estate

Cemetery / ~~Crematory~~ } Sanders Idaho

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

(Names of Newspapers)

Sales Tax Out of State no chg		~~6~~ 40
Total Footing of Bill	$	583 40
Less 21.50 - 30 days	$	576 50
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/27/52	Statement						
	To Above Balance		$		To Balance Forward		$
1/31/53	By Payment "	$	$		By Payment	$	$
2/4/53	Claim to	$	$		" "	$	$
	Robert McFadden	$	$	Oct 19, 52	" "	$ 146 50	$
	" Plummer Idaho	$	$	June 29 56	" "	$ 430 —	$
	" " attorney at law.	$	$		" "	$	$
1-26-53	Letter	$	$		" "	$	$
11-22-54	" "	$	$		" "	$	$
2-25-55	Letter						
Insurance $	"	Names of Lodges			Insurance Companies		

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Oct 17 1952

Name of Deceased Arthur O. Stark W. (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 489 - West 2nd St Sonoma ☐Husband ☐Wife ☐Widow of Matilda or .... of Age of Husband or Wife (if living) .... Years

Charge to Mrs Mae S. Wilkinson

Address Bx 250 - Steilacoom, Washington

Order given by above (or informant)

How Secured ....

If Veteran, State War German Navy

Occupation Ret. Sea Captain ns (Social Security Number)

Employer and Address ....

Date of Death Oct 17, 1952 (Date) 4:35 A. (Hour)

Date of Birth April 13, 1877

Age 76 (Years) (Months) (Days)

Date of Funeral Oct 18 Sat

Services at Ch

Clergyman Ter

Religion of the De

Birthplace Ger

Resided in the Stat

Place of Death Son

Cause of Death Cer

Contributory Causes

Certifying Physician

His Address Sonom

Name of Father Her

His Birthplace Ger

Maiden Name of Mothe

Her Birthplace Ger

Motor / Ship } Remains to ....

Size of Casket Met

Manufactured by B. F.

Cemetery / Crematory } Chapel

Diagram of Lot or Vault

Section No. ....

Block No. ....

Owner ....

Complete Funeral (except outlays) $	488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		
Dressing Body, $ ...... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ...... Hose, $		24
Folding Chairs, $ ...... Tarpaulin, $		3/
Candelabrum, $ ...... Candles, $		
Door Spray, $ ...... Gloves, $		
Funeral Car, $		
Sales Tax	7	32
Total Footing of Bill $	558	73
Less 24.40 - 30 days $	24	40
Charges at Forest Lawn - 23.29 ouch to them. Balance $	534	33
Entered into Ledger, page ...... or below.		

576.50
146.50
430.00

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance			$				To Balance Forward			$	
		By Payment	$		$		Oct 19, 51		By Payment In full	$534	33	$	
		" "	$		$		By Mrs		Wilkinson	$		$	
		" "	$		$				" "	$		$	
		" "	$		$		Oct 31,	1952	Pd By Mrs	$		$	
		" "	$		$				" Wilkinson "	$ 23	29	$	
		" "	$		$				above " cem. charge	$		$	
		" "	$		$				" "	$		$	

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 18 1952

Name of Deceased George A Dunlap M.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hiway 12 at Verano Drive ☐Husband ☐Wife ☒Widow of } Linda Amelia

Charge to: Ira George Dunlap Age of Husband or Wife (if living) ..... Years

Address P.O. Box 242 Sonoma

Order given by " "
(or informant)

How Secured Money in B of A. Estate

If Veteran, State War

Occupation Retired Park attendant
(Social Security Number)

Employer and Address

Date of Death 10-18-52 536-03-1880
(Date) (Hour)

Date of Birth Nov 22 1880

Age 71
(Years) (Months) (Days)

Date of Funeral ..... M.
(Date) (Day of Week) (Hour)

Services at Tekoa Washington
(Address)

Clergyman:

Religion of the Deceased

Birthplace British Columbia

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Hiway 12 at Verano Drive

Cause of Death

Contributory Causes

Certifying Physician M. Mekita
(or Coroner)

Its Address Boyes Springs Cal

Name of Father Wm Dunlap

Its Birthplace Unk

Maiden Name of Mother Unk

Her Birthplace Unk

~~Bur~~ } Remains to Cooley Funeral Home
To } Tekoa Tekoa Wash.

Type of Casket
(State Color and Number)

Manufactured by Sat. Co.

Cemetery / ~~Crematory~~ } Sanders Idaho

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	400 —
Casket →		30 —
~~Burial Vault~~ or Box Shipper (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		146 50
Outlay for Shipping Charges		~~59~~
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax Out of State no chg		~~6 70~~
Total Footing of Bill	$	~~583 40~~
Less 21.50 / 31 days	$	576 50
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/27/52	To Above Balance		$		To Balance Forward		$
1/31/53	By Payment "	$	$		By Payment	$	$
2/4/53	Claim to	$	$	Oct 19 52	" "	$ 146 50	$
	Robert Mc Fadden	$	$	Dec 29 56	" "	$ 430 —	$
	" Plummer Idaho	$	$		" "	$	$
	" " attorney at law.	$	$		" "	$	$
1-26-53	Letter	$	$		" "	$	$
11-22-54	" "	$	$		" "	$	$
2/25/57	Letter						

Insurance $ ..... " ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

172

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 18 1952

Name of Deceased William R. Fredericks W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Hoeft's Agerring Road ☐Husband ☐Wife ☐Widow } Mary Fredericks

or.....of } Age of Husband or Wife (if living).....Years

Charge to: V. Silvershield

Address.... S. Rosa

Order given by.... Mrs Hoeft (or Informant)

How Secured.... Estate

If Veteran, State War.... no

Occupation Locker Room attendant X Olympic Club (Social Security Number)

Employer and Address.....

Date of Death Oct 18, 52 (Date) 10: P.M. (Hour)

Date of Birth... Oct 16 1852

Age.... 70 (Years) — (Months) 2 (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at Halsted & Co.

Clergyman.... Eagles Lodge Acme 61 Golden Gate (Address)

See Daddy Sec.

Religion of the Deceased.....

Birthplace ...San Francisco

Resided in the State.... Life (or U. S. or City or County) (Years) (Months)

Complete Funeral (except outlays)	$ 786	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		3 93
Dressing Body, $..... Underwear, $		9
Suit or Dress (State Kind and Color)		11 79
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Dorothy to file		
Deliver Flowers to Casket Spray 25		
Removal Charges		
Procuring Burial Permit (City Number and District)		

Office of Coroner and Public Administrator
Court House

№ 657

Santa Rosa, Calif., 12-20 1952

Received of Deputy Coroner Ernie Evans

Seventy Four and 80/100 $74.80 Dollars

Cash found in possessions of Wm R Fredericks, Dec

In the Matter of the Estate of

Deposit on Bid for Real Property $

Deposit on Bid for Personal Property $

$

VERNON SILVERSHIELD,
CORONER AND PUBLIC ADMINISTRATOR

By H B

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Sales Tax		11 79
Total Footing of Bill	$	797 79
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
10/27/52	Filed with ARH.		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$ 797	$
Jan. 10.	"	$	$ 19
Jan 22 1953.	" Bal	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 20 1952

Name of Deceased Laurence Martin Johnson (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Eldridge, Paly

☐ Husband ☐ Wife ☐ Widow } ..... Age of Husband or Wife (if living) ..... Years
or ..... of

Charge to: Andrew Johnson

Address 878 Willow Glen Way, San Jose

Order given by Abare Tel. Cypress 409.32
(or informant)

How Secured:

If Veteran, State War No

Occupation None

(Social Security Number)

Employer and Address

Date of Death Oct 20, 1952
(Date) (Hour)

Date of Birth 1940

Age 12 (Years) (Months) (Days)

Date of Removal Funeral Oct 21 Tue M.
(Date) (Day of Week) (Hour)

Services at Salina, Kansas

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Kansas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death

Contributory Causes

Certifying Physician Dr. Frederickson (or Coroner)

His Address: Sonoma State Home

Name of Father Andrew Johnson

His Birthplace Kansas

Maiden Name of Mother Frances Putman

Her Birthplace Iowa

Motor / Ship } Remains to

Size of Casket Brocade H P (State Color and Number)

Manufactured by Golden State C Co

Cemetery / Crematory } Salina, Kansas

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 325	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt, Sox, Underwear (State Kind and Color) 2.80 1.50		4. 43
Slippers, $ ..... Hose, $ 4.30		
Folding Chairs, $ ..... Tarpaulin, $ 13.24		
Candelabrum, $ ..... Candles, $ 4.43		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Jones & Salina,	10 8	56
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in ..... Papers (Names of Newspapers) San Jose News	7	50
Sales Tax Out of State -		
Total Footing of Bill	$ 448	49
Less 16.40 - 30 days	$ 16	40
Balance	$ 432	09

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/27/52	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Plane	receipt + rent, also	$	$		" "	$	$
Clothing	receipt	$	$	Nov 7, 1952	" "	$ 432 09	$
	" "	$	$	Jon Falk	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

172

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 18 1952

Name of Deceased William R. Fredericks W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Hoeft's Spurring Road ☐ Husband ☐ Wife ☐ Widow } Mary Fredericks

Charge to: V. Silvershield or.....of } Age of Husband or Wife (if living).....Years

Address S. Rosa

Order given by Mrs Hoeft (or Informant)

How Secured Estate

If Veteran, State War N.D

Occupation Locker Room attendant X

Employer and Address Olympic Club (Social Security Number)

Date of Death Oct 18, 52 (Date) 10: P.M. (Hour)

Date of Birth Oct 16 1882

Age 70 (Years) — (Months) 2 (Days)

Date of Funeral ..... (Date) ..... (Day of Week) ..... (Hour) M.

Services at Halsted & Co.

Clergyman Eagles Lodge Acme 61 Golden Gate (Degree)

Religion of the Deceased

Birthplace San Francisco

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Complete Funeral (except outlays)	$	786 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		393
Dressing Body, $ ..... Underwear, $		9
Suit or Dress (State Kind and Color)		7
Slippers, $ ..... Hose, $		16
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Dorothy to file		
Deliver Flowers to Casket Spray		25
Removal Charges		
Procuring Burial Permit (State Number and District)		

See Buddy file

Office of Coroner and Public Administrator

Court House

No 658

Santa Rosa, Calif., 10-20 1952

Received of Deputy Coroner Ernest Evans

Only 80/100 Dollars

Cash fd. in wallet Wm R. Fredericks

In the Matter of the Estate of

Deposit on Bid for Real Property $

Deposit on Bid for Personal Property $

$

VERNON SILVERSHIELD,
CORONER AND PUBLIC ADMINISTRATOR

By

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Sales Tax		11.79
Total Footing of Bill	$	797 79
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
10/27/52	Filed with ORR.		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$ 797	$
Jan. 10.	" "	$ 79	$
Jan 22 1953. Bal	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... Oct 20 ..... 19 52

Name of Deceased... Laurence Martin Johnson - ..... W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Eldridge, Cal. ☐ Husband ☐ Wife ☐ Widow
or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Andrew Johnson

Address. 878 Willow Glen Way, San Jose

Order given by.... A. Bowe Del Cyprus 409 32
(or informant)

How Secured: .....

If Veteran, State War ... no

Occupation ... None -
(Social Security Number)

Employer and Address .....

Date of Death. Oct 20, 1952 -
(Date) (Hour)

Date of Birth.....1940

Age.....12.....
(Years) (Months) (Days)

Date of Funeral... Removal Oct 21 Tue ..... M.
(Date) (Day of Week) (Hour)

Services at: Salina, Kansas

Clergyman: .....
(Address)

Religion of the Deceased.. Catholic

Birthplace ... Kansas

Resided in the State .....
(or U. S. or City or County) (Years) (Months)

Place of Death.. Sonoma State Home

Cause of Death: .....

Contributory Causes.....

.....

Certifying Physician.. Dr. Frederickson
(or Coroner)

His Address: Sonoma State Home

Name of Father... Andrew Johnson

His Birthplace..... Kansas

Maiden Name of Mother Frances Putman

Her Birthplace... Iowa

Motor Ship } Remains to .....

Size of Casket Brocade H P.
(State Color and Number)

Manufactured by. Golden State Co

Cemetery Crematory } Salina, Kansas

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 3 38	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or Dress~~ Sheet, Robe, Underwear (State Kind and Color) 2 80		4 43
Slippers, $ ... Hose, $ 1.50		
Folding Chairs, $ ... Tarpaulin, $ 4.30		
Candelabrum, $ ... Candles, $ 13 24		
Door Spray, $ ... Gloves, $ 4.43		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges. Fares to Salina,	108	56
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
...		
... line Death Notices in ... Papers		
San Jose News (Names of Newspapers)	7 50	
Sales Tax Out of State -		
Total Footing of Bill	$ 448	49
Less 16.40 - 30 days	$ 16	40
Balance	$ 432	09

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
10/27/52	To Above Balance		$
	By Payment	$	$
Plane receipt rent, also			$
Clothing receipt		$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Nov 7, 1952	" "	$ 432 09	$
Jan Feb	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 18 1952

Name of Deceased William R. Fredericks W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Hoeft's Spenring Road ☐Husband ☐Wife ☐Widow } Mary Fredericks

Charge to: V. Silverskield or.....of } Age of Husband or Wife (if living).....Years

Address A. Rosa

Order given by Mrs Hoeft (or Informant)

How Secured Estate

If Veteran, State War no

Occupation Locker Room attendant X

Employer and Address Olympic Club (Social Security Number)

Date of Death Oct 18 52 (Date) 10: P.M. (Hour)

Date of Birth Oct 16 1882

Age 70 (Years) — (Months) 2 (Days)

Date of Funeral..... (Date) (Day of Week) M. (Hour)

Services at Halsted's Co.

Clergyman Eagles Lodge Acme 61

Religion of the Deceased Golden Gate (Lodge)

Birthplace San Francisco

Resided in the State Life (or U. S. or City or County) (Years) (Months)

...ce of Death Spenring Road, Sonoma Rural

...use of Death

...ntributory Causes

...ertifying Physician Wm Newman (or Coroner)

...is Address Sonoma

...ame of Father Unk

...is Birthplace "

...Maiden Name of Mother "

...Her Birthplace "

Motor Ship } Remains to Halsted

Size of Casket 6/5 Groton H.P. Sealer Ant Sil (State Color and Number)

Manufactured by: A. C. Co.

Cemetery Crematory } Mount Olivet, San Mateo Co.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 78 6	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		3 93
Dressing Body, $ ... Underwear, $		3 / 9
Suit or Dress (State Kind and Color)		16 7
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to Dorothy to file		
Deliver Flowers to Casket Spray 25		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		11 79
Total Footing of Bill	$ 797	79
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
10/27/52		Paid with ARA.			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$ 797		$	
		" "	$		$		Jan.	10.		$		$	
		" "	$		$				" "	$	19	$	
		" "	$		$		Jan 22	1953	Bal	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... Oct 20 ..... 19.52

Name of Deceased... Laurence Martin Johnson - W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence:.. Eldridge, Caly ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Andrew Johnson

Address. 878 Willow Glen Way, San Jose

Order given by.... above Tel Cypress 409.32 -
(or informant)

How Secured: :

If Veteran, State War ... no

Occupation ... None -

Employer and Address ... (Social Security Number)

Date of Death. Oct 20, 1952 -
(Date) (Hour)

Date of Birth.... 1940

Age..... 12 (Years) (Months) (Days)

Date of Funeral... Removal Oct 21 Tue M.
(Date) (Day of Week) (Hour)

Services at: Salina, Kansas

Clergyman: :

Religion of the Deceased.. Catholic (Address)

Birthplace ... Kansas -

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death.. Sonoma State Home

Cause of Death:

Contributory Causes.....

.....

Certifying Physician.. Dr. Frederickson (or Coroner)

His Address: Sonoma State Home

Name of Father... Andrew Johnson

His Birthplace..... Kansas

Maiden Name of Mother Frances Putman

Her Birthplace... Iowa

Motor Ship } Remains to .....

Size of Casket Brocade H P. (State Color and Number)

Manufactured by. Golden Gate C Co

Cemetery Crematory } Salina, Kansas

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 3 38	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or Dress~~ Shirt, Sox, Underwear (State Kind and Color) 2 80		
Slippers, $ ... Hose, $ 1.50	4	43
Folding Chairs, $ ... Tarpaulin, $ 4.30 13 2V		
Candelabrum, $ ... Candles, $ 4.43		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges. Fares to Salina,	108	56
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers		
San Jose News (Names of Newspapers)	7	50
Sales Tax Out of State -		
Total Footing of Bill	$ 448	49
Less 16.40 - 30 days	$ 16	40
Balance	$ 432	09

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
10/27/52	To Above Balance		$
	By Payment	$	$
Plane receipt rent, also			$
Clothing receipt		$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Nov 7, 1952	" "	$ 432 09	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 24 1952

Name of Deceased Frederick William Dobbel W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 241 Patton St Sonoma ☐Husband ☐Wife ☐Widow

Charge to Mrs. Johanna Dobbel or.....of Age of Husband or Wife (if living).....Years

Address Abave

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Insurance Broker 571-32-2105 (Social Security Number)

Employer and Address Self.

Date of Death Oct. 24, 1952 8 P.M. (Date) (Hour)

Date of Birth Dec 4, 1866

Age 85 (Years) 10 (Months) 20 (Days)

Date of Funeral Oct 27 Mon 11 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Rev. Morrill - 7th & M. (Address)

Religion of the Deceased Prod.

Birthplace Mt. Eden, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:

Contributory Causes.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Henry Dobbel

His Birthplace Germany

Maiden Name of Mother Margarethe Schroeder

Her Birthplace: Germany

Motor Ship } Remains to

Size of Casket Tempe (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery Crematory } Greenlawn Memorial Park San Mateo Co

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		2 15 3
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. San mateo (State Number and District)	2	00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Opening -	60	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Morrill 7	10	-
Music - Ruggles	10	-
... line Death Notices in ... Papers		
Local (Names of Newspapers)	3	61
Ex -	9	40
	6	45
Sales Tax		
Total Footing of Bill	$ 531	46
Less 21.50 30 days	$ 21	50
Balance	$ 509	96
Entered into Ledger, page ... or below.		

DOBBEL—In Sonoma, Calif., October 24, Frederick William Dobbel, dearly beloved husband of Mrs. Johanna Dobbel of Sonoma, beloved father of Mrs. Margaret D. McAulay of San Carlos and Mrs. Dorothy D. Coops of Sonoma, loving brother of Mrs. Emma Kluver and Mrs. Wilhelmina Rohde of San Francisco, and Charles Dobbel of Palo Alto; a native of California; aged 85 years; a Past Master of Temple Lodge #14, F. and A. M., Sonoma.

Friends are invited to attend funeral services Monday, October 27 at 11 a. m. at the Chapel of Bates and Evans, Sonoma, Calif., under the auspices of Temple Lodge #14, F. and A. M., assisted by the Rev. Ernest Morrill. Entombment, Green Lawn Memorial Park, San Mateo County, Monday, 1:15 p. m.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	ce			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Nov. 13, 1952	" " Jackson	$ 509	96	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	
	" "	$		$			" "	$		$	
11/3/52	Statement	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry Oct 25 1952

Name of Deceased Edward J. Dowdall (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 605 Haight St. Alameda, Cal ☐Husband ☐Wife ☐Widow } of .....

Charge to Mrs. Cecelia McKennon Age of Husband or Wife (if living) ..... Years

Address Concord, Cal - R.4.655

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Ret. Carpenter (Social Security Number) 555-7-26-2587

Employer and Address .....

Date of Death Oct. 25, 1952 (Date) (Hour)

Date of Birth July 3, 1868

Age 84 (Years) (Months) (Days)

Date of Funeral Oct. 27 (Date) mon (Day of Week) 9 A. (Hour) M.

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace El Verano

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Concord Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father John Dowdall

His Birthplace Irelandy

Maiden Name of Mother Agnes Seaver

Her Birthplace Ireland

Motor / Ship } Remains to .....

Size of Casket N. P. Brocade (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	313	--
Casket		
Burial Vault or Box ..... (State Kind)	15	--
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		15 50
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		1 75
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		5 4 50
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
~~Outlay for~~ Lot .. Flowers	15	--
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	--
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15	--
..... :		
.... line Death Notices in ..... Papers		
..... Local	3	61
..... (Names of Newspapers) Examiner	8	93
.....	8	55
..... Chronicle	3	15
Sales Tax		
Total Footing of Bill ..... $	409	24
Less 24.40 30 days ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

DOWDALL—In Concord, Calif., October 25th, 1952, Edward J. Dowdall, husband of the late Helen Dowdall, beloved uncle of Mrs. Mary Gale, Mrs. Cecelia McKennon, Mrs. Irene Mortenson, Mrs. Ann Sousa, William, Clarence, Ed, Gerald and John Dowdall, Bob O'Connor, Mrs. Eleanor McFarland and Mrs. Eva Kirkpatrick; a native of El Verano, aged 84 years.

Friends are invited to attend the funeral services Monday, October 27, 1952, at 8:45 a. m. from the Chapel of Bates & Evans, Sonoma, thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul, commencing at 9:00 a. m. Interment, Catholic Cemetery, Sonoma, Calif. (Rosary will be recited Sunday at 8:00 p. m.)

11/2/52 statement

Filed

Date		Amount Paid	Balance	Date		Amount Paid	Balance
ance			$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$		" "	$	$
		$	$	Jan 8, 1953	Jn Full	$ 409 24	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 30 1952

Name of Deceased Howard E. Connally

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Bayes Springs, Cal. ☐ Husband ☐ Wife ☐ Widow

Charge to: U.S. Gov. or.....of } Age of Husband or Wife (if living).....Years

Address Mrs. Melvin Olson

Order given by Wahpeton - N. Dakota (or informant)

How Secured:

If Veteran, State War World War I

Occupation Laborer 549-24-6458 (Social Security Number)

Employer and Address

Date of Death Oct. 30, 1952 (Date) (Hour)

Date of Birth Nov. 8, 1896

Age 56 (Years) (Months) (Days)

Date of Funeral Nov 3 Mon. M. (Date) (Day of Week) (Hour)

Services at: at Chapel Mass and later Rosary (Address)

Clergyman:

Religion of the Deceased Catholic

Birthplace North Dakota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Bayes Hot Pool

Cause of Death: Drowning?

Contributory Causes

Vernon Silverfield

Certifying Physician A.N. Gelo J. Leaon M.D. (or Coroner)

His Address Santa Rosa, Calif.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket #88 Grey Arm (State Color and Number)

Manufactured by: Golden State Co. Co.

Cemetery / Crematory } Golden Gate National San Mateo Co

5054
See R.
Row 23

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) ..... $ 133 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, $..... Hair Dressing, $..... 6.50

Dressing Body, $..... Underwear, $..... 3.00

Suit or Dress (State Kind and Color) 18.50

Slippers, $..... Hose, $.....

Folding Chairs, $..... Tarpaulin, $.....

Candelabrum, $..... Candles, $.....

Door Spray, $..... Gloves, $.....

Funeral Car, $..... Ambulance, $.....

Limousines to Cemetery ..... @ $.....

Extra Limousines ..... @ $.....

Autos to R. R. Station ..... @ $.....

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)

Pall Bearer Service, $..... Use of Chapel, $.....

Gross Total for Sales Tax ..... $

Outlay for Lot

Cremation

Flowers, $..... Palms, $..... Matting, $.....

Rental of Tent, $..... of Temporary Vault, $.....

Opening of Grave or Tomb

Lining Grave, $..... Lowering Device, $.....

Outlay for Shipping Charges

Clergyman, $..... Singers, $..... Organist, $.....

Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

.....line Death Notices in..... Papers

Mass (Names of Newspapers) 15 00

Sales Tax 2 00

Total Footing of Bill ..... $ 150 -

Less ..... $

Balance ..... $

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$	Dec 29 1952	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry. November 2 1952

Name of Deceased. Alex West

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Libby Powell's Place Glen Ellen. ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Union Mill Pay 1.50

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Laborer (Social Security Number)

Employer and Address.....

Date of Death Nov. 2, 1952 5:30 P. (Date) (Hour)

Date of Birth May 5, 1898

Age 54 (Years) (Months) (Days)

Date of Funeral Nov. 6, 1952 Thurs. 11 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Van Es Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Finland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death Brain Laceration.

Contributory Causes. Hemorrhage due to Crushed Skull.

Certifying Physician. Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket Cor. C. Linen (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	68 97
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		34.49 3
Slippers, $..... Hose, $		47
Folding Chairs, $..... Tarpaulin, $		1.03
Candelabrum, $..... Candles, $		1.00
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		25
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service..... E.		
Rev. Van Es		5 00
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		1 03
Total Footing of Bill	$	100 00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Sent to Union - 1-15-53							
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 10, 1953	In full Union	$	$
	" "	$	$		In " Ford Carriers	$	$
	" "	$	$		By "	$ 1.00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 4 1952

Name of Deceased John Joseph Donaghy W.

☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Arnold Drive, Glen Ellen ☐ Husband ☐ Wife ☐ Widow } Susie

or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Susie Donaghy

Address Above - Del 5134

Order given by..... (or informant)

How Secured:

If Veteran, State War No

Occupation Owner Water Co. No. (Social Security Number)

Employer and Address Self

Date of Death Nov 4, 1952 (Date) 9 a (Hour)

Date of Birth Jan 31, 1885

Age 66 (Years) (Months) (Days)

Date of Funeral Nov 6 (Date) Thurs (Day of Week) 1:30 P.M. (Hour)

Services at Chapel

Clergyman: (Address)

Religion of the Deceased Catholic Faith

Birthplace Ireland Buried Prod

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes

Certifying Physician Michael M. Mekota M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father

His Birthplace Ireland

Maiden Name of Mother Kane

Her Birthplace Ireland

Motor / Ship } Remains to

Size of Casket Hollywood Casket Co. (State Color and Number)

Manufactured by Hollywood

Cemetery / Crematory } Catholic Cem Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 637	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress underwear + Sox + 2.08 + 4.06 (State Kind and Color)	2	06
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $ Shirt	2	50
Candelabrum, $ ... Candles, $ 2.50		
Door Spray, $ ... Gloves, $ 1.08		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $	3	10
Extra Limousines ... @ $		15
Autos to R. R. Station ... @ $		2
Getting Remains from:		2.50
Taking Remains to		
Trip to Coroner's Inquest		3
Delivering Box to		3
Deliver Flowers to		
Removal Charges		10
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Monsta	10	-
Music - Marsucci - Terrace	10	-
... line Death Notices in ... Papers		
Chronicle (Names of Newspapers)	4	62
Democrat	4	
Local	3	61
Sales Tax	10	01
Total Footing of Bill	$ 123	88
Less 2% 60 - 30 days	$ 32	60
Balance	$ 691	28

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	Balance			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Feb 3 53	Jon Hall	$ 691	28	$	
		$		$			By Mrs Donaghy	$		$	
12-10-52	Filed - Mrs Donaghy took	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

DONAGHY—In Glen Ellen, November 4, 1952, John Joseph Donaghy, dearly beloved husband of Mrs. Susie Donaghy of Glen Ellen, loving brother of Patrick Donaghy of Australia; a native of Ireland, aged 66 years.
Friends are invited to attend the funeral services Thursday, November 6 at 9:30 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Catholic Cemetery, Sonoma.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 4 1952

Name of Deceased George Turnbull W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Arnold Drive - Glen Ellen. ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to First American Trust Co.

Address Sonoma

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Ret. Rancher No. (Social Security Number)

Employer and Address

Date of Death Nov. 4 - Tue - 5 P. (Date) (Hour)

Date of Birth Sept 25 1874

Age 78 (Years) (Months) (Days)

Date of Funeral Nov 7 Thurs. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel -

Clergyman Rev. Olan Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Scotland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death Myocardial failure & Acute

Contributory Causes pulmonary edema & Broncho-pneumonia

Certifying Physician Vernon Silvernail (or Coroner)

His Address Santa Rosa, Calif.

Name of Father.....

His Birthplace.....

Maiden Name of Mother Barbara Jameson

Her Birthplace Scotland

Motor Ship } Remains to.....

Size of Casket 98 - Grey Brocade (State Color and Number)

Manufactured by Golden State C. Co -

Cemetery Crematory } Mt Cem. Sonoma -

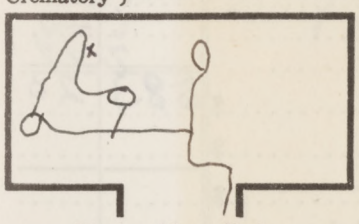

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	313	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Ins (State Kind and Color)	1	03
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		1565
Door Spray, $..... Gloves, $		15 -
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		50
Extra Limousines ..... @ $		17 50
Autos to R. R. Station ..... @ $		3
Getting Remains from		7 50
Taking Remains to		5 1
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Terrell	10	-
music - Marcuse -	10	-
....line Death Notices in..... Papers		
(Names of Newspapers)		
Local notice	3	61
Sales Tax	5	15
Total Footing of Bill $	412	79
Less $		
Balance $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
12-2-52	To Above Balance		$
	By Payment	$ Ent -	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Filed With American Trust Co.

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
	" "	$		$	
Jan 15, 1953	" "	$ 412	79	$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 5 1952

Name of Deceased Johanna A. Valente White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 783 Broadway, Sonoma ☐Husband ☐Wife ☐Widow of Jep

Age of Husband or Wife (if living).....Years

Charge to: Jep Valente

Address: Above -

Order given by..... (or informant)

How Secured:

If Veteran, State War: No

Occupation Housewife No (Social Security Number)

Employer and Address

Date of Death Nov 5, 1952 (Date) 10:05 P. (Hour)

Date of Birth Oct 24, 1888

Age 64 (Years) (Months) (Days)

Date of Funeral Nov 8 (Date) Sat (Day of Week) 11 A. M. (Hour)

Services at: Chapel

Clergyman Rev. Galvin Cotati (Address)

Religion of the Deceased Prod

Birthplace Illinois

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:

Contributory Causes.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address: Santa Rosa, Cal

Name of Father John Anderson

His Birthplace Penn -

Maiden Name of Mother Amanda Eckstrom

Her Birthplace: Sweden

Motor Ship } Remains to.....

Size of Casket Hi Pole - ½ ch. (State Color and Number)

Manufactured by: F. Casket Co

Cemetery Crematory } Mt. Cemetery Sonoma

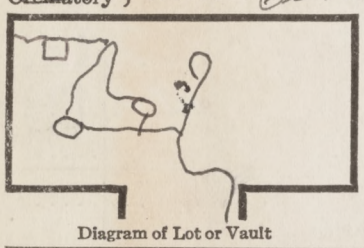

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 449	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		22 50
Slippers, $ ... Hose, $		15
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		23 95
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		7 18 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers to	30	-
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Father Galvin	~~10~~	-
Music - Marcuse - Terrace	10	-
...line Death Notices in ... Papers		
Local Posted (Names of Newspapers)	3	61
Ex. Examiner	7	00
Chronicle	6	40
Sales Tax	7	19
Total Footing of Bill	$ 583	20
Less 23.20	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Dec 13, 1952	" Jo Full	$ 583.20	$
	" "	$	$		" Cal State Automobile Assn	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 14 19 52

Name of Deceased Willie Edgar Mc Carroll. W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Champlin Ranch Pet. Rd. ☐Husband ☐Wife ☐Widow } Altha J. (What Race)

Charge to Mrs. Altha J. Mc Carroll or.....of } Age of Husband or Wife (if living).....Years

Address Glendale Panama

Order given by..... (or informant)

How Secured.....

If Veteran, State War Wa

Occupation Plywood mill - 429-05-8765 (Social Security Number)

Employer and Address Plywood

Date of Death Nov. 14, 1952 - 10:35 A. (Date) (Hour)

Date of Birth Oct. 17, 1906

Age 46 (Years) (Months) (Days)

Date of Funeral Removal 11-16-52 Sun. M. (Date) (Day of Week) (Hour)

Services at Ark Adelphia, Arkansas

Clergyman..... (Address)

Religion of the Deceased Prod.

Birthplace Arkansas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Panama, Calif.

Name of Father John Mc Carroll

His Birthplace.....

Maiden Name of Mother Dulcena Robertson

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket Metal Sealer (State Color and Number)

Manufactured by ? Casket Co.

Cemetery / Crematory } Ark Adelphia, Arkansas

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) Casket, services, Shipper. Del to train	$	836	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			
Suit ~~or Dress~~ underwear 12 75 74 (State Kind and Color)		13	13
Slippers, $..... Hose, $			
Folding Chairs, $..... Tarpaulin, $			
Candelabrum, $..... Candles, $			
Door Spray, $..... Gloves, $			
Funeral Car, $..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)			
Pall Bearer Service, $..... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot Taxes to Arkansas		14	61
Cremation			
Flowers, $..... Palms, $..... Matting, $			
Rental of Tent, $..... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $..... Singers, $..... Organist, $			
Railroad / Motor } Tickets, $..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced		300	-
Out of town Undertaker's Charges			
Personal Service			
2 c/c -		2	00
....line Death Notices in.....Papers (Names of Newspapers)			
Sales Tax Out of State			
Total Footing of Bill	$	297	74
Less	$	41	80
Balance	$	255	94

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Dec 5 52	By Payment Mrs. Mc Carroll	$ 255 94	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 15 1952

Name of Deceased Kate D. Hill - W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge ☐Husband ☐Wife ☐Widow Robert Potter Hill

Charge to Mrs. Elizabeth Boucher or.....of Age of Husband or Wife (if living).....Years

Address 4161 Lucas Court Sacramento

Order given by (or informant)

How Secured

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Nov. 15, 1952 (Date) 12:10 P.M. (Hour)

Date of Birth March 13, 1870

Age 82 (Years) (Months) (Days)

Date of Funeral Nov. 18 (Date) Tue (Day of Week) 10 A.M. (Hour)

Services at St. Frances

Clergyman Catholic (Address)

Religion of the Deceased

Birthplace Mercer, Pennsylvania (or U. S. or City or County)

Resided in the State (Years) (Months)

Place of Death Lupus Real Home D.K.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Santa Rosa -

Name of Father Timothy Donahue

His Birthplace Ireland

Maiden Name of Mother Rose Ann Connesky

Her Birthplace Pennsylvania

Motor Ship } Remains to

Size of Casket Orchid (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Mt. Com. Sonoma

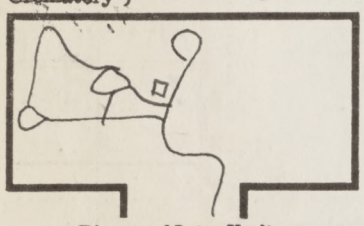

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 464	—
Casket		
Burial Vault or Box (State Kind)	125	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		23 32 15
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		2 4 7 3
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		41
Funeral Car, $ ... Ambulance, $		30
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket Spray	30	—
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... P. Mass	15	—
... Local	3	61
... line Death Notices in ... Papers		
... Examiner 2 days	14	24
(Names of Newspapers)		
... Chronicle 2 days	13	60
... Democrat	4	—
Sales Tax	7	41
Total Footing of Bill	$ 621	86
Less 23.95	$ 23	95
Balance	$ 597	91

Entered into Ledger, page .....or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
				$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$			" "	$		$	
		$		$		Jan. 4, 1953	" "	$ 597	91	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
12-11-52		Statement		$			" "	$		$	
12/18/52		Filed with A.P.G.		$			" "	$		$	

HILL—In Santa Rosa, Calif., Nov. 15, 1952, Mrs. Robert Potter Hill, beloved sister of Mrs. Rebecca D. Nason of Merced, George J. Donohue of Mill Valley, Mrs. Elizabeth R. Boucher of Sacramento and the late John C. Donohue; a native of Pennsylvania, aged 82 years. Friends are invited to attend the funeral services Tuesday, November 18, at [illegible] a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 10 a. m. Interment Mt. Cemetery, Sonoma. Rosary will be recited Monday evening at 8 o'clock. [illegible] city, Nov. 14, 1952

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov. 15 19 52

Name of Deceased Peter Stephen Malone W
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Arnold Dr. & Hill Rd. Glen Ellen ☐Husband ☐Wife ☐Widow of .....
Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Agnes Riorden

Address 115 Prebree St. S. F.

Order given by Lt. Underhill - 1 - 8787
(or informant)

How Secured .....

If Veteran, State War No.

Occupation Ret. Sonoma State Home No.
(Social Security Number)

Employer and Address .....

Date of Death Nov. 15, 1952 - Found 11 P.
(Date) (Hour)

Date of Birth Nov. 7, 1872

Age 80 (Years) (Months) (Days)

Date of Funeral Nov. 19 (Date) Wed (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Glen Ellen

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mellenhauer (or Coroner)

His Address Sonoma, Calif.

Name of Father Peter Malone

His Birthplace Ireland

Maiden Name of Mother Susan Brady

Her Birthplace Ireland

Motor Ship } Remains to .....

Size of Casket Taupe
(State Color and Number)

Manufactured by Sutter Basket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

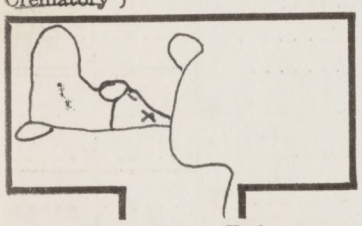

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	415 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	14 50	17 00
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ (State Kind and Color)	Suit 50 & 24 24	5 —
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		20 50
Door Spray, $ ..... Gloves, $		15 50
Funeral Car, $ ..... Ambulance, $		16 50
Limousines to Cemetery ..... @ $		50
Extra Limousines ..... @ $		50
Autos to R. R. Station ..... @ $		239 3
Getting Remains from		18 50
Taking Remains to		7
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ..... 2 C/C		2 00
Out of town Undertaker's Charges		
Personal Service ..... Mass		25 —
..... Dermacial		4 —
.... line Death Notices in .... Papers		
..... Local		3 6 1
(Names of Newspapers) Argus Courier		4 00
Examiner		7 98
Sales Tax		6 68
Total Footing of Bill	$	565 79
Less 21 50	$	21 50
Balance	$	544 29

Entered into Ledger, page ..... or below.

MALONE—In Glen Ellen, Calif., Nov. 15, 1952, Peter Stephen (Steve) Malone, brother of the late Susan and Frances Clarno, beloved uncle of Mrs. Agnes Riorden of San Francisco and Francis Malone of Fairfax; a native of California; aged 80 years; a member of the Sonoma Valley Council of the Y. M. I. No. 45. Retired member of the California State Employes' Assn.

Friends are invited to attend the funeral services Wednesday, Nov. 19, at 9:15 a. m. from the chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment Mt. Cemetery, Sonoma. Rosary will be recited Tuesday evening at 8 o'clock.

		Amount Paid		Balance		Date		Amount Paid		Balance	
	alance			$			To Balance Forward			$	
		$		$		Nov. 19, 52	By Payment	544	79	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	
	emb	$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

184

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov. 18 ..... 19 52

Name of Deceased Emil Pellissier ..... W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 18 Central Ave Boyes Hot Springs ☐ Husband ☐ Wife ☐ Widow } Phoebe

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Phoebe Pellissier

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation Laundry man 546-26-6231 (Social Security Number)

Employer and Address .....

Date of Death Nov 18, 1952 (Date) (Hour)

Date of Birth August 21, 1892

Age 60 (Years) (Months) (Days)

Date of Funeral Nov 21 Fri 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Los Angeles

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician .....

His Address Sonoma County Hospital (or Coroner)

Name of Father Henry Pellissier

His Birthplace Paris, France

Maiden Name of Mother Marguerite Applathie

Her Birthplace France

Motor Ship } Remains to .....

Size of Casket Taupe

Manufactured by Sutter Casket Co (State Color and Number)

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	415 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		207.50
Slippers, $ ..... Hose, $		15.
Folding Chairs, $ ..... Tarpaulin, $		22.50 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		6.75
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ... Ont. Grave		65 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Cards Thanks Local		1 00
Out of town Undertaker's Charges Don		2 —
Personal Service Mass		25 —
2 C/C		2 00
....line Death Notices in ..... Papers		
Examiner		7 56
(Names of Newspapers) Press Democrat		4 00
Local Posted		3 61
		6 68
Sales Tax		
Total Footing of Bill	$	561 85
Less 21.50	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-11-52	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Dec 22-53	" In full	$50	$	Dec 29, 1952	" On acct	$200 —	$
	" "	$	$	Jan. 19, 53	" on " acct	$100.	$
	" "	$	$	Feb 19, 53	" " " "	$61 85	$
	" "	$	$	April 19, 53	" " " "	$50 —	$
	" "	$	$	May 29 53	" "	$50	$
	" "	$	$	June 27 1953	" " " "	$50 —	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov. 18 1952

Name of Deceased Sedonia Dean W.

☑ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home ☐Husband ☐Wife ☐Widow

Charge to Mrs. Richard Graft or ..... of Age of Husband or Wife (if living) ..... Years

Address Bx. 868 - North Fork, Cal -

Order given by Above (or informant)

How Secured

If Veteran, State War No

Occupation None None (Social Security Number)

Employer and Address

Date of Death Nov. 18, 1952 (Date) 6:50 P. (Hour)

Date of Birth October 8, 1884

Age 68 (Years) (Months) (Days)

Date of Funeral Nov. 22, Sat (Date) (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Ferrell Sonoma (Address)

Religion of the Deceased Prod -

Birthplace Louisiana

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho Pneumonia

Contributory Causes Chr. Aspiration Pneumonia

Certifying Physician J. Williams M.D. (or Coroner)

His Address Eldridge, Cal -

Name of Father Franklin H. Dean

His Birthplace Los Angeles

Maiden Name of Mother -

Her Birthplace Texas

Motor / Ship } Remains to

Size of Casket #80 Grey Cor - (State Color and Number)

Manufactured by Golden State Co. Co -

Cemetery / Crematory } Valley Cemetery Sonoma

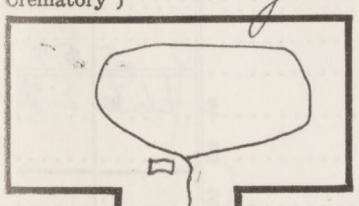

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 145	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress Negligee 10.00 + 2.30 (State Kind and Color)	10	37
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		12 50
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		10 00
Extra Limousines ..... @ $		7 57
Autos to R. R. Station ..... @ $		9 57 3
Getting Remains from		2 27 1
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Organ Guarantee - Minister (Rev. Ferrell) +	5	-
	5	00
..... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	2	63
Total Footing of Bill	$ 198	00
Less 8.00 30 days.	$ 8	
Balance	$ 190	00

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
11-22-52	Sent Statement & Letter to Mrs Graft				To Balance Forward		
	To Above Balance				By Payment		
	By Payment			Dec 5, 1952	" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 21 1952

Name of Deceased Matilda Imogene Anderson W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Petaluma Ave - El Verano (What Race)

☐ Husband ☐ Wife ☐ Widow } Robert G.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Flora V. Hoover

Address. Rt. 1. Bx. 456 Sonoma

Order given by Abame (or informant)

How Secured

If Veteran, State War no

Occupation at home no. (Social Security Number)

Employer and Address

Date of Death Nov 21, 1952 (Date) (Hour)

Date of Birth Sept. 19, 1864

Age 88 (Years) (Months) (Days)

Date of Funeral Nov 24 Mon 10 A. M. (Date) (Day of Week) (Hour)

Services at St. Gabriels Church S.F.

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Dr. Robert L. Mollenhauer (or Coroner)

His Address Sonoma Cal.

Name of Father Neal McKay

His Birthplace Scotland

Maiden Name of Mother Sarah Fullerton

Her Birthplace Scotland

Motor Ship } Remains to

Size of Casket 7 ft - pide ½ ch

Manufactured by J.J. Caskey Co. (State Color and Number)

Cemetery Crematory } Holy Cross, San Mateo Co

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral less Courtesy discs.

Complete Funeral (except outlays)	$ 371	20
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		18 50 3
Folding Chairs, $ ..... Tarpaulin, $		1 68 0
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		5
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... & Permit $		
Outlay for Lot Holy Cross expenses	58	33
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges:		
Cash Advanced Mass, St. Gabriel Church	15	00
Out of town Undertaker's Charges		
Personal Service. Rosary only	5	00
....line Death Notices in ..... Papers		
Examiner	7	56
(Names of Newspapers)		
Local, Posted	3	61
Sales Tax	5	57
Total Footing of Bill	$ 466	27
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
			$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Dec 11 1952	" " Field	$ 466 27	$
	" "		$
	" "		$
	" "		$
	" "		$
	" "		$

ANDERSON—In El Verano, Calif., November 21, 1952, Matilda Imogene Anderson, wife of the late Robert G. Anderson, beloved sister of Mrs. Flora V. Hoover of Sonoma, loving aunt of Claude K. Hoover of Sonoma and Mrs. Howard Morris of Hayward; a native of Canada, aged 88 years.

Friends are invited to attend the funeral services Monday, November 24, at 10 o'clock a. m. at St. Gabriel's Church, 40th Ave. at Ulloa St., San Francisco, where a Requiem Mass will be offered for the repose of her soul. Interment, Holy Cross Cemetery, Colma.

Rosary will be recited Sunday evening at 8 o'clock at the Chapel of Bates & Evans, Sonoma, Calif.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 23 1952

Name of Deceased Joseph D. Kuser W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 373 Sonoma ☐Husband ☐Wife ☐Widow } Margaret

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Margaret Kuser

Address... Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War no.

Occupation Ret. Rancher no. (Social Security Number)

Employer and Address self

Date of Death Nov. 23 (Date) 1952 12:05 A (Hour)

Date of Birth June 4, 1879

Age 73 (Years) (Months) (Days)

Date of Funeral Nov. 25 (Date) Tue. (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Schellville

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Dr. C. B. Andrews (Coroner)

His Address Sonoma, Cal.

Name of Father Antone Kuser

His Birthplace Switzerland

Maiden Name of Mother Josephine Ruebli

Her Birthplace Switzerland

Motor Ship } Remains to.....

Size of Casket Sutter Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Mt. Cem. Sonoma, Cal.

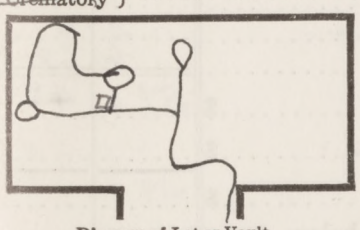

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 415	
Casket		
Burial Vault or Box (State Kind)	150	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		20 50
Slippers, $..... Hose, $		15
Folding Chairs, $..... Tarpaulin, $		22 50
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		6 75
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5 00	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....: Mass	15	00
....line Death Notices in ..... Papers		
Press Democrat	4	00
(Names of Newspapers)		
Sonoma	3	61
Sales Tax	6	68
Total Footing of Bill	$ 51	29
Less 21.50	$ 21	50
Balance	$ 29	79

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 1952	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 1 Yearly No. 1 Date of Entry Nov 25 1952

Name of Deceased Granville Swift Harris W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1. Box 556 Sonoma ☐ Husband ☐ Wife ☐ Widow of Rowena S.

Charge to Spencer C. Harris

Address above

Order given by (or informant)

How Secured

If Veteran, State War

Occupation Ret. Rancher (Social Security Number)

Employer and Address

Date of Death Nov. 25, 1952 (Date) (Hour)

Date of Birth Nov. 7, 1858

Age 94 (Years) (Months) (Days)

Date of Funeral Nov. 28 Fri 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Potter - Native Sons Masons (Address)

Religion of the Deceased Prod. -

Birthplace Sonoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Gen. Vet. Asst. Rest. Home

Cause of Death Heart

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Cal.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket Sutter Casket (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

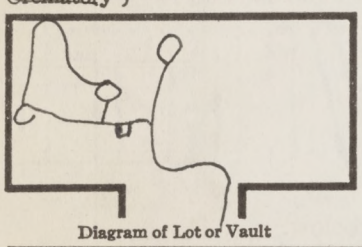

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 415	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		20 50
Slippers, $ ... Hose, $		75
Folding Chairs, $ ... Tarpaulin, $		2 25
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		2 50
Funeral Car, $ ... Ambulance, $		7 50
Limousines to Cemetery ... @ $		6
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Potter (themselves) Native Sons, Masons, Dunbar Masonic Lodge	10	-
... line Death Notices in ... Papers		
Democrat (Names of Newspapers)	4	00
Chronicle	7	00
Local Notice	3	61
Sales Tax	6	68
Total Footing of Bill	$ 51	6 49
Less 21.50 - 30 days	$	1.1 50
Balance	$ 49	4 99

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec. 15, 52	Spencer Harris	$ 49 4 99	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 28 19 52

Name of Deceased Leonard A. Veeder (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 299 Patton St. Sonoma ☐Husband ☐Wife ☐Widow or.....of } Helen Age of Husband or Wife (if living).....Years

Charge to: Mrs. Helen Veeder

Address: Above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Technician, Sonoma State Home 546-01-6931 (Social Security Number)

Employer and Address

Date of Death Nov 28, 1952 (Date) 3:55 P (Hour)

Date of Birth Nov 30, 1897

Age 55 (Years) (Months) (Days)

Date of Funeral Nov 29 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Minnesota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary insufficiency

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Cal.

Name of Father George Veeder

His Birthplace

Maiden Name of Mother Mary

Her Birthplace

Motor/Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery/Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 430	—
Casket		
Burial Vault or Box (State Kind)	175	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		215
Slippers, $ ... Hose, $		175
Folding Chairs, $ ... Tarpaulin, $		39 0
Candelabrum, $ ... Candles, $		3 9 3 0
Door Spray, $ ... Gloves, $		11 7
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves	130	—
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25 00	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad/Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Music Dan	10	—
Out of town Undertaker's Charges		
Personal Service Guest, At Chapel	10 00	
...line Death Notices in ... Papers		
Local, After funeral (Names of Newspapers)	3	61
Sales Tax	11	70
Total Footing of Bill	$ 795	31
Less 30.25 - 30 days	$ 30	25
Balance	$ 765	06

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-1-52	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 6 1952	"	$ 765 06	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 30 1952

Name of Deceased Frederick George Hein

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 462 D. Sonoma ☐Husband ☐Wife ☐Widow of Anna

Charge to: Mrs. Anna Hein

Address above

Order given by (or informant)

How Secured:

If Veteran, State War #1

Occupation Tool & Dye Business 567-40-6772 (Social Security Number)

Employer and Address

Date of Death Nov. 30, 1952 (Date) 7:02 P. (Hour)

Date of Birth July 12, 1889

Age 63 (Years) (Months) (Days)

Date of Funeral Dec. 2 (Date) Tue (Day of Week) 2 P. (Hour) M.

Services at: Chapel

Clergyman: (Address)

Religion of the Deceased Protestant

Birthplace Grand Island, Nebraska

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes.....

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Calif.

Name of Father Frederick G. Hein

His Birthplace Germany

Maiden Name of Mother Wilhelmina Baise

Her Birthplace Germany

Motor / Ship } Remains to

Size of Casket 940 S Grey Arm (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory Chapel of the Chimes, S R

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 258	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		12 50
Candelabrum, $ ... Candles, $		3 50
Door Spray, $ ... Gloves, $		1 80
Funeral Car, $ ... Ambulance, $		3 00
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation ... & permit	45	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister, Van Ee	10	-
Music - Marcucci Jr-Terrace	10	-
...line Death Notices in ... Papers		
Local (Names of Newspapers)	3	61
Examiner	4	62
Sales Tax	3	87
Total Footing of Bill	$ 335	60
Less 12.90 3 c/c	$ 3	
Balance	$ 338	60
Entered into Ledger, page ... or below. disc	12	90

HEIN—Near Sonoma, Nov. 30, 1952. Frederick G. Hein, dearly beloved husband of Anna Hein of Sonoma, uncle of James Lye of Sacramento, Edwin and John Klinka of Los Angeles; a native of Nebraska, aged 63 years.
Friends are invited to attend the funeral services Tuesday, Dec. 2, 1952, at 2 o'clock p. m., at the Chapel of Bates & Evans in Sonoma. Inurnment, Chapel of Chimes, Santa Rosa.

		Amount Paid	Balance	Date		Amount Paid	Balance
			$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$		" "	$	$
12-11-52	Statement	$	$	Dec 13, 1952	" "	$ 335 70	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 30 1952

Name of Deceased Henry Graf White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Union Hotel ☐Husband ☐Wife ☐Widow } .....

Charge to: County M.W. Sweeney or.....of } Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War no.....

Occupation Ret. Artist 552-38-3999 (Social Security Number)

Employer and Address.....

Date of Death Nov 30, 1952 (Date) 7:30 P. (Hour)

Date of Birth Feb. 24, 1879

Age 73 (Years) (Months) (Days)

Date of Funeral Dec 3, 1952 (Date) Wed (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Rev. Peter Van Es Sonoma (Address)

Religion of the Deceased Protestant

Birthplace Switzerland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Union Hotel

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket Covered China (State Color and Number)

Manufactured by A. J. Casket Co.

Cemetery / ~~Crematory~~ } ~~Valley~~ Cemetery Sonoma

Chapel of the Chimes, Santa Rosa, Caly.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		27.69
Dressing Body, $.....Underwear, $		3
Suit or Dress (State Kind and Color)		8.31
Slippers, $.....Hose, $		
Folding Chairs, $.....Tarpaulin, $		
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
~~Opening of Grave or Tomb~~ Cremation	15	—
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Van Es	5	00
....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$ 76,	20
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Filed with County Auditor	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 18, 1952	" Jno Graf	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 5 1952

Name of Deceased Alvin Franklin Rankin W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 177 A, Donora ☐Husband ☐Wife ☐Widow } Estelle

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Estelle Rankin

Address. above

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Chicken Ranch X 376-10-0905 (Social Security Number)

Employer and Address

Date of Death Dec 5, 1952 (Date) 1:55 P. (Hour)

Date of Birth March 7, 1891

Age 61 (Years) (Months) (Days)

Date of Funeral Remove Dec 8, Mon 10 P. M. (Date) (Day of Week) (Hour)

Services at Toledo Ohio

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Michigan

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Front & Plaza Mkt.

Cause of Death: Coronary infarct

Contributory Causes. Arteriosclerosis

Certifying Physician. Vernon Silvershield (or Coroner)

His Address. Santa Rosa, Calif.

Name of Father. Daniel D. Rankin

His Birthplace. Canada

Maiden Name of Mother. Estelle Hendershot

Her Birthplace: Canada

Motor Ship } Remains to

Size of Casket. Metallic Cloth (State Color and Number)

Manufactured by: S. F. Casket Co.

Cemetery Crematory } Toledo, Ohio

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 488	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Fares for Body-bearers Lines	133	32
Out of town Undertaker's Charges		
Personal Service 1 E/C	1	00
line Death Notices in ... Papers		
(Names of Newspapers) Posted	3	61
Sales Tax Out of State	—	
Total Footing of Bill	$ 625	93
Less 24 40 30 days	$ 24	40
Balance	$ 601	53

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Jan 3, 53	By Payment	$	$
	" "	$	$		" "	~~$ 24 67~~	$
	" "	$	$		" "	$601 53	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 7 1952

Name of Deceased Helen Hightower White

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to Robert A. Hightower

Address 1909 - 13th St. Sacramento

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation None no (Social Security Number)

Employer and Address

Date of Death Dec 7, 1952 7.9.00 (Date) (Hour)

Date of Birth Oct. 29, 1924

Age 28 (Years) (Months) (Days)

Date of Funeral Dec 11, 1952 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Dennis Sonoma State Home (Address)

Religion of the Deceased Prod

Birthplace Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Investigation Pending

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif

Name of Father Hightower

His Birthplace Texas

Maiden Name of Mother

Her Birthplace Calif

Motor Ship } Remains to.....

Size of Casket Cary China (State Color and Number)

Manufactured by A. J. Casket Co.

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	145	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		32 50
Slippers, $ ... Hose, $		15
Folding Chairs, $ ... Tarpaulin, $		87 50 3
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		2 62 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Dennis (Sonoma State Home)	no chg.	
....line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax	2	63
Total Footing of Bill	$ 187	63
Less 8.00 30 days	$ 8	-
Balance	$ 179	63

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 11, 1952	"In full	$ 179 63	$
	" "	$	$		" "	$	$
	" "	$	$	By:	Robert A. Hightower	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

194

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 16 19 52

Name of Deceased William J. Bolgard W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 131 2nd St E. Sonoma ☐ Husband ☐ Wife ☐ Widow of Iva

Charge to Mrs. Iva Bolgard Age of Husband or Wife (if living).....Years

Address Abode

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Ret. Conductor No. (Social Security Number)

Employer and Address Great Northern

Date of Death Dec 16 1952 5:30 P. (Date) (Hour)

Date of Birth Feb 1 1879

Age 73 (Years) (Months) (Days)

Date of Funeral Dec 18 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Temple Lodge #14 Rev Terrell (Address)

Nation of the Deceased Prot

Birthplace Illinois

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:

Contributory Causes

Certifying Physician A. K. McGrath (or Coroner)

Address Sonoma

Name of Father Colbert Bolgard

Birthplace France

Maiden Name of Mother

Birthplace

Motor } Remains to

Size of Casket Sutter - Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes SR

Entombment

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 430	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		2 15
Folding Chairs, $ ... Tarpaulin, $		3.
Candelabrum, $ ... Candles, $		6 45
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
4 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	4 00	
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Alex Terrell	10	—
Dan Ruggles	10	—
line Death Notices in ... Papers		
Sonoma Local (Names of Newspapers)	3.	6 /
Chapel of the Chimes Crypt use per Statement		
Sales Tax	6.	45
Total Footing of Bill	$ 460	06
Less 21.50 (30 days)	$ 491	20
Balance	$ 195	26
Entered into Ledger, page ... or below.	21	50
	193	76

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-3-53	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		"	$	$
	" "	$	$	Jan 14 1953	" Check	$ 193376	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$	Rec'd ck for 2000 00		$	$
	" "	$	$	My ck # 1637 for 66 24 change		$	$

Insurance $ ... Names of Lodges ... Insurance Companies ... # 193376

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... Dec. 18 ..... 195.2

Name of Deceased... Frank Leroy Rusan ..... W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 32 Lucas Ave Sonoma Vista ☐Husband ☐Wife ☐Widow of G. Amy
or.....of Age of Husband or Wife (if living).....Years

Charge to: Mrs. Amy Rusan

Address... Above

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War N.S.

Occupation Ret. Grease Maker 553-03-1424A
(Social Security Number)

Employer and Address Standard Oil Co.

Date of Death Dec. 18, 1952 9:15 a
(Date) (Hour)

Date of Birth May 28, 1883

Age 69
(Years) (Months) (Days)

Date of Funeral Dec 20 Sat M.
(Date) (Day of Week) (Hour)

Services at: Wilson Stratzer

Clergyman:.....
(Address)

Religion of the Deceased Prod.

Birthplace Caly

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Brain Laceration & Hemorrhage

Contributory Causes. T. S. W. at Close range

Certifying Physician. Vernon Silvershiel
(or Coroner)

His Address: Santa Rosa, Caly

Name of Father Hiram Paston Rusan

His Birthplace Ohio

Maiden Name of Mother. Elizzabeth Ingram

Her Birthplace. Caly

Motor Ship } Remains to.....

Size of Casket Metalic Cloth
(State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Sunset View Crematorium

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	435 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		2 19
Folding Chairs, $..... Tarpaulin, $		3
Candelabrum, $..... Candles, $		6 57
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in..... Papers (Names of Newspapers)		7 00
Sales Tax		6 57
Total Footing of Bill	$	451 57
Less ...(30 days-) 21 90	$	21 90
Balance	$	429 67
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 31, 1952	" Full	$429 67	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 19 19 52

Name of Deceased Gottlieb Ritz — W

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Box 61 Sonoma ☐ Husband ☐ Wife ☐ Widow } Mary

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mary Ritz

Address Sabastopol

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War n.s.

Occupation Ret. Rancher n.s. (Social Security Number)

Employer and Address self

Date of Death Dec 19, 1952 (Date) 11 a.m. (Hour)

Date of Birth March 29, 1866

Age 86 (Years) (Months) (Days)

Date of Funeral Dec 23 (Date) Tue (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman: ..... (Address)

Religion of the Deceased .....

Birthplace Switzerland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Thrombosis

Contributory Causes Arteriosclerosis

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John Ritz

His Birthplace .....

Maiden Name of Mother Anna Reutgerist

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket #98 Brocade (State Color and Number)

Manufactured by: Golden State Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

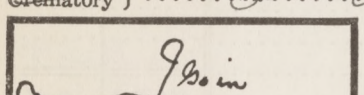

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 308	
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		15 4
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		16 9
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		10
Extra Limousines ..... @ $		5
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... 2 Posts	4	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Minister		
Music Organ	50	00
..... line Death Notices in Papers		
Local (Names of Newspapers)	3	61
Sales Tax	3	07
Total Footing of Bill	$ 395	68
Less 16.15 - 30 days	$ 16	15
Balance	$ 379	53

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
12-30-52	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Jan 2 53	Dr full	$ 379 53	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 21 1952

Name of Deceased Wataru Yamakawa W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Bx 262 A Sonoma ☐Husband ☐Wife ☐Widow } Kame

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs Kame Yamakawa

Address Adame

Order given by..... (or informant)

How Secured.....

If Veteran, State War no

Occupation Farmer Vegetables no. (Social Security Number)

Employer and Address self

Date of Death Dec 21, 1952 (Date) 3 P.M. (Hour)

Date of Birth Aug 14, 1882

Age 70 (Years) (Months) (Days)

Date of Funeral Dec 27 (Date) Sat (Day of Week) 1 P.M. (Hour)

Services at Enmanji Temple

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace Japan

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheld, (or Coroner)

His Address Santa Rosa, Cal

Name of Father Tokuji Yamakawa

His Birthplace Japan

Maiden Name of Mother.....

Her Birthplace Japan

Motor Ship } Remains to.....

Size of Casket 7 1952 Sil Brocade ½ C (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 345	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		17 50
Slippers, $..... Hose, $		3 50
Folding Chairs, $..... Tarpaulin, $		5 17
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... Permit	45	50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Flowers	50	—
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	5	61
Sales Tax	5	18
Total Footing of Bill	$ 449	29
Less 17.25 = 30 days.	$ 17	25
Balance	$ 432	04

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-29-52	To Above Balance Statement		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Dec 29, 1952	" Jul	$ 432 04	$
	" "	$	$		" JH "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No. Public ..... Date of Entry Dec 23 1952

Name of Deceased John Public Sheppard W.

☐ Married ☒ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Vinton Calif. & Sonoma State Home ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. John W. Sheppard

Address. Vinton, Calif. -

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.....

Occupation None (Social Security Number)

Employer and Address .....

Date of Death Dec. 23, 1952 (Date) 11:35 A. (Hour)

Date of Birth Dec 11, 1943

Age 9 (Years) (Months) (Days)

Date of Funeral Dec 27 (Date) Sat. (Day of Week) 10 A. (Hour) M.

Services at Graveside

Clergyman Priest (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Chronic Pulmonary

Contributory Causes Fibrosis

.....

Certifying Physician Andrew D. Kopas M.D. (or Coroner)

His Address Eldridge, Calif.

Name of Father John W. Sheppard

His Birthplace Pennsylvania

Maiden Name of Mother Marie Sabbia

Her Birthplace Nevada -

Motor Ship } Remains to .....

Size of Casket H/G - White Lamb - (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Catholic Cemetery Sonoma -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 113	
Casket		
Burial Vault or Box (State Kind)	10	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		16 50
Slippers, $ ..... Hose, $		10
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		6 50
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		5
Extra Limousines ..... @ $		19
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. One Grave	65	-
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Priest at Grave	5	00
Line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	2	00
Total Footing of Bill	$ 210	-
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
Dec 24 52	" " Jn Full	$	$		" "	$ 210 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 3 1953

Name of Deceased Dante Giovanni Pollani

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 226 W. Spain St

☐ Husband ☐ Wife ☐ Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Rita Ruebli

Address.....

Order given by Judge Dal Porgetto in Will
(or informant)

How Secured.....

If Veteran, State War No.

Occupation Laborer N.W.P. Railway 700-14-8087
(Social Security Number)

Employer and Address.....

Date of Death Jan 3, 1953 6:20 A
(Date) (Hour)

Date of Birth Nov. 16, 1889

Age 63
(Years) (Months) (Days)

Date of Funeral Jan 6, 1953 Tue 9:30 A.M.
(Date) (Day of Week) (Hour)

Services at St. Frances Church

Clergyman.....
(Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 38 yrs.
(or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robt. L. Mollenhauer M.D.
(or Coroner)

His Address Sonoma, Cal

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 313	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		15 50
Suit or Dress (State Kind and Color)		15 —
Slippers, $ ..... Hose, $		7 50
Folding Chairs, $ ..... Tarpaulin, $		3 —
Candelabrum, $ ..... Candles, $		1 45
Door Spray, $ ..... Gloves, $		5 —
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges ..... Casket & spray	20	—
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... One Grave	65	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass	15	—
.....		
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
.....		
.....		
Sales Tax	5	15
Total Footing of Bill	$ 461	76
Less 16.40 - 30 days	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
7-9-53	Filed - Dal Porgetto						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
Jan 12, 1953	sent to Judge Dal Porgetto	$	$	July 30, 53	In full	$ 461 76	$
	will be Pd " " by Aug 10th	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

200

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 4 1952

Name of Deceased Sherman G. Blood W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx 104 Sonoma ☐Husband ☐Wife ☐Widow } Ethel G.

Charge to: Mrs. Ethel G. Blood or.....of } Age of Husband or Wife (if living).....Years

Address: above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Superintendent Electric yard 550-24-6355 (Social Security Number)

Employer and Address.....

Date of Death Jan 4, 1952 (Date) 5:30 P. (Hour)

Date of Birth Nov 26, 1892

Age 60 (Years) (Months) (Days)

Date of Funeral Jan 6 (Date) Sun (Day of Week) 2 P. (Hour) M.

Services at Chapel of the Chimes

Clergyman..... (Address)

Religion of the Deceased Prod

Birthplace Napa, Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheld (or Coroner)

His Address Santa Rosa, Calif

Name of Father Blood

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace Napa, Calif

Motor / Ship } Remains to.....

Size of Casket H. B. D. Drap. Am. (State Color and Number)

Manufactured by Golden Gate Casket Co

Cemetery / Crematory } Chapel of the Chimes, Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 160	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		80
Dressing Body, $ ... Underwear, $		3/
Suit or Dress (State Kind and Color)		2 40
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
3 - c/c	3	00
...line Death Notices in ... Papers		
Oakland Tribune (Names of Newspapers)	6	00
Examiner	5	88
Sales Tax	2	40
Total Footing of Bill	$ 222	78
Less 8 1/2 ... 30 days	$ 8	00
Balance	$ 214	78

Entered into Ledger, page.....or below.

Date			Amount Paid	Balance	Date		Amount Paid	Balance
1-28-53	Stale	ance	$	$		To Balance Forward	$	$
			$	$		By Payment	$	$
			$	$	Feb 4 1953	" Jn full	$ 214 78	$
			$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

BLOOD—In Sonoma, Calif., Jan. 4, 1953, Sherman G. Blood, dearly beloved husband of Mrs. Ethel Blood of Sonoma, beloved father of Harold R. Stewart and Mrs. Dorothy Ashley of San Francisco; a native of California, aged 60 years. A member of International Brotherhood of Electrical Workers, Local 595, Oakland.

Private funeral services were conducted Tuesday, Jan. 6, at 2 p. m. at the Chapel of the Chimes, Santa Rosa. Bates & Evans, Funeral Directors, in charge.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 6 1953

Name of Deceased Anna Streito W (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 1 Bx 329 P Sonoma ☐Husband ☐Wife ☐Widow } James

Charge to: James Streito or.....of } Age of Husband or Wife (if living).....Years

Address. Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation Housewife 550-30-6408 (Social Security Number)

Employer and Address .....

Date of Death Jan 6, 1953 (Date) 7:30 A. (Hour)

Date of Birth Jan 14, 1891

Age 62 (Years) (Months) (Days)

Date of Funeral Jan 8, 1953 (Date) Thurs (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev Lupsky Bayes (Address)

Religion of the Deceased Prod

Birthplace San Francisco

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Heart Failure

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Anderson

His Birthplace Denmark

Maiden Name of Mother.....

Her Birthplace Germany

Motor Ship } Remains to .....

Size of Casket 190 9 cov 87 - ½ C. XX (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } mt. Cemetery Sonoma

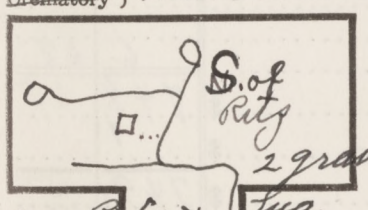

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 545	—
Casket		
Burial Vault or Box (State Kind)	18	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		27250
Folding Chairs, $ ... Tarpaulin, $		18
Candelabrum, $ ... Candles, $		29050 3
Door Spray, $ ... Gloves, $		8.7 150
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Lupsky	10	—
....line Death Notices in ... Papers		
Local	3	6.1
2 days (Names of Newspapers) Examiner	10	92
Sales Tax	8	72
Total Footing of Bill	$ 65 1	25
Less 28.15 - 30 days - 2 Pasts	$ 4	
Balance	$ 65 5	25
Entered into Ledger, page ... or below.	28	15

1-13-53 Statement

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	Balance			$			To Balance Forward			$	
	nt	$		$			By Payment	$		$	
		$		$			" "	$		$	
		$		$			" " Jan 9 53	627	10	$	
							" "	$		$	
							" " full	$		$	
							" "	$		$	
							" "	$		$	

STREITO—In Sonoma Vista, Calif. January 6, 1953, Annie Streito, dearly beloved wife of James Streito of Sonoma Vista, beloved mother of Mrs. Eleanor Steven of Cupertino; sister of the late Peter Anderson; also leaves 3 grandchildren; a native of San Francisco, aged 62 years.

Friends are invited to attend the funeral services Thursday, January 8, at 2 p. m. at the Chapel of Bates & Evans, Sonoma. Interment, Mt. Cemetery, Sonoma.

SIZE 6/6 XX NO. 9509 COV. 87

DESCRIPTION: Sabina of Bianca Cr Velvet Full lined Eggshell Suede Crepe B & Bp

HANDLES: 7300-6x2- Hdls & Cornero Handles Bolted on

Insurance Companies.....

gally available to.....
(Firm Name of Funeral Directors.)

.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

202

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 6 19 53

Name of Deceased Verlin A. Adkerson W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 354 El Verano, Cal. ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Wyatt House

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War Yes - Korean -

Occupation Electronic Technician 529-328-364 (Social Security Number)

Employer and Address.....

Date of Death Jan - 6, 1953

Date of Birth March 15, 1929 (Date) (Hour)

Age 23 (Years) (Months) (Days)

Date of Funeral Jan. 10, Sun 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel Burial Monday -

Clergyman Rev. Gerrell (Address)

Religion of the Deceased Prod

Birthplace Columbia, Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Monticella, Utah

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Frank Adkerson

His Birthplace.....

Maiden Name of Mother Zereda Edwards

Her Birthplace Rose Dale, Indiana

Motor Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by Shutter Casket Co -

Cemetery Crematory } Golden State Casket Co -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	415 -
Casket		
Burial Vault or Box (State Kind)		135
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		20750
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		22250
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		6 6750
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest 21.2643		
Delivering Box to Moab, Utah		
Deliver Flowers to Mitchell-Funeral Parlor cgo.		204 00
Removal Charges Fares from Utah		67 47
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Casket Spray		20 -
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister, Rev. Gerrell		10 -
music, Terrace, Marcuccio Jr.		10 -
....line Death Notices in..... Papers		
..... no notices (Names of Newspapers)		
Sales Tax		6 68
Total Footing of Bill	$	748 15
Less 21.50 - 1 c/c -	$	1
Balance	$	749 15
		21 50
Entered into Ledger, page.....or below.		727 65

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Jan 8, 1953	on acct.	$ 8 00	$
	" "	$	$
ck #1633	Banker am.	$ 72 35	$
	" Refund	$ 727 65	$
	to Mrs House	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Jan 11 1953

Name of Deceased Everett E. Morris (What Race) W

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 2 Box 173 - Sonoma ☐ Husband ☐ Wife ☐ Widow } Erma

Charge to: Mrs. Erma Morris or ..... of } Age of Husband or Wife (if living) ..... Years

Address. above

Order given by Floyd Morris

How Secured 151 Flood Ave (or informant) S.F. Tel. Jun. 4-4805

If Veteran, State War yes WW 2 558-18-6533

Occupation Service Station attendant (Social Security Number)

Employer and Address .....

Date of Death Found Jan 11, 1953 8 a. (Date) (Hour)

Date of Birth June 16, 1909

Age 43 (Years) (Months) (Days)

Date of Funeral Jan 13 - Tue 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Prod.

Birthplace Indiana

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Cal

Name of Father Omar Morris

His Birthplace Indiana

Maiden Name of Mother Rachael Carr

Her Birthplace Indiana

Motor / Ship } Remains to .....

Size of Casket Grey Brocade (State Color and Number)

Manufactured by Golden Gate Co.

Cemetery / Crematory } Golden Gate National San Bruno.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays) ..... $	313	-
Casket		
Burial Vault or Box ..... (State Kind)	15	-
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		15650
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		17150
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		5145
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from 75		
Taking Remains to ..... Short 2 08	2	83
Trip to Coroner's Inquest 1/4 08		
Delivering Box to 50		
Deliver Flowers to 2 Sprays 12	24	00
Removal Charges ..... (Brother)		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Minister	10	-
....line Death Notices in ..... Papers		
Examiner (Names of Newspapers)	6	30
.....		
.....		
Sales Tax	5	15
Total Footing of Bill ..... $	376	28
Less 16.40 ..... $	16	40
Balance ..... $	359	88
Entered into Ledger, page ..... or below.	3 c/c - 3	372.88

1-22-53 Filed with Gov'ment

Date		Amount Paid		Balance		Date			Amount Paid		Balance	
alance	1-22-53	$		$				To Balance Forward	$		$	
	3 c/c mailed to Mrs Morris	$		$				By Payment	$		$	
		$		$		Jan 11, 53		Floyd Morris	$ 40	-	$	
		$		$				" " Funeral	$ 172	88	$ 362	88
		$		$		Jan 13, 53		" " Government	$ 150	-	$	
Daughters name -		$		$				" "	$		$	
Mrs LaVerne Taylor		$		$		Feb 18,	1953	" "	$		$	
144 Jasmine St. E. Palo Alto		$		$				" "	$		$	

MORRIS—In Sonoma, Calif., Jan. 11, 1953, Everett E. Morris, dearly beloved husband of Mrs. Erma Morris, beloved father of Marilyn Morris, loving stepfather of Mrs. Erma Cogozzo, Mrs. Betty Green, Mrs. Lavern Taylor and Lloyd Carlson, loving brother of Floyd Morris, G. E. Hadsell, Leo Norman Hadsell and Mrs. Myrtle Campbell; a native of Indiana; aged 43 yrs. Friends are invited to attend the funeral services Tuesday, Jan. 13, at 11 a.m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment Golden Gate National Cemetery, San Bruno.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Feb 6 1953

Name of Deceased Sylvester I. Bladgett W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hiway 12 - near Eleanor's Drive in ☐ Husband ☐ Wife ☐ Widow of Zara

Charge to: County of Sonoma Age of Husband or Wife (if living) ..... Years

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War no.

Occupation Ret. R.R. Carpenter no. (Social Security Number)

Employer and Address .....

Date of Death Feb 6, 1953 (Date) 7 P.M. (Hour)

Date of Birth Aug 5, 1872

Age 79 (Years) (Months) (Days)

Date of Funeral Feb 9 (Date) Mon (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Themselves Rev Mc Murdie (Address)

Religion of the Deceased Prod.

Birthplace Minnesota

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa

Name of Father Harrison Bladgett

His Birthplace New York

Maiden Name of Mother Abbie Haworth

Her Birthplace New York

Motor / Ship } Remains to .....

Size of Casket County (State Color and Number)

Manufactured by: Golden State Co.

Cemetery / Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 60	30
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		30 (5 3
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		90 45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	15	-
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service .. Own Ministers no chg		
..... No Music		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$ 16	20
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2-10-53	Filed County Auditor				To Balance Forward		
	To Above Balance	$	$		By Payment	$	$
	By Payment	$	$		" "	$	$
	" "	$	$	Mar 4, 1953	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 7 1953

Name of Deceased Frank Winfield Pettibone w

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx. 29 Sonoma Cal. ☐Husband ☐Wife ☐Widow of Zula

Age of Husband or Wife (if living)..... Years

Charge to: Gordon Pettibone

Address: above

Order given by..... (or informant)

How Secured:

If Veteran, State War: No.

Occupation: Ret. Mining Engineer No. (Social Security Number)

Employer and Address

Date of Death: Feb. 7, 1953 (Date) 7:50 (Hour)

Date of Birth: July 14, 1868

Age: 85 (Years) (Months) (Days)

Date of Funeral: Feb. 9 (Date) Mon. (Day of Week) 10 A.M. (Hour)

Services at: Chapel

Clergyman: Rev. McMurdie Davis (Address)

Religion of the Deceased: Prod.

Birthplace: New York City

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death

Contributory Causes

Certifying Physician: Wayne McCraven M.D. (or Coroner)

His Address: Sonoma, Cal.

Name of Father: George W. Pettibone

His Birthplace: —

Maiden Name of Mother: —

Her Birthplace

Motor/Ship Remains to

Size of Casket: #8 S-A Black (State Color and Number)

Manufactured by: Golden State Casket Co.

Cemetery/Crematory: Chapel of the Chimes - P.R.

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	160	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		80
Dressing Body, $ ... Underwear, $		3
Suit or Dress (State Kind and Color)		2.40
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation ... V. permit	45	50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad/or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Flowers	15	45
Out of town Undertaker's Charges		
Personal Service ... No music		
... Rev. Davis stipend	10	—
... line Death Notices in ... Papers		
(Names of Newspapers)		
... Indep. Tribune	3	61
Sales Tax	2	40
Total Footing of Bill	236	96
Less 8.00 30 days		
Balance		

Entered into Ledger, page ..... or below.

SIZE No. Cov. Blk Doe

DESCRIPTION: 6/3 13 Tined India 5 7

HANDLES: none

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
Feb 13, 1953	In full — By Donna Binkley 465-5 Badger Rd SR	236 96	
Feb 16, 1953	Our ck #1697 to Aletha Pettibone for	8.00 disc	—

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

206

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 8 19 53

Name of Deceased Carl E. Kilgore W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P. O. Bx. 77 Glen Ellen ☐Husband ☐Wife ☐Widow } Ruth

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Ruth. Kilgore

Address Arbane

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War No.

Occupation Technician Sonoma State Home X 567-26-7093 (Social Security Number)

Employer and Address .....

2 & 1953 1:15 A.

Complete Funeral (except outlays)	$ 430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.15
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		6.45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candles, $		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Feb. 8, 1953

This is to authorize Dr. C.B. Andrews to perform an autopsy on the remains of Carl Kilgore.

Signed... Ruth Kilgore ..... Wife.

Manufactured by .....

Cemetery / Crematory Chapel of the Chimes D.K.

(Names of Newspapers) Index Tribune

Sales Tax	6.	45
Total Footing of Bill	$ 525	81
Less 21.50 30 days	$ 21.	50
Balance	$ 504	31
Entered into Ledger, page .....or below.		

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Diagram of Lot or Vault

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
2	To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$		Feb 26, 1953	"	$ 504	31	$	
	" "	$		$			"	$		$	
	" "	$		$			"	$		$	
	" "	$		$			"	$		$	
	" "	$		$			"	$		$	
	" "	$		$			"	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 9 19 53

Name of Deceased Zuvck AKA Zuvck, Jim Davis W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Transcient
☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Oran L. Davis (Brother)

Address P.O. Bx 72 - Healdsburg, Mass

Order given by O.K'd By Telephone - (or informant)
employed Self Ost Co. → To Vernon Silvershield

How Secured: .....

If Veteran, State War no

Occupation Plumber Unk - (Social Security Number)

Employer and Address .....

Date of Death Feb 9, 1953 - Found 8 a m (Date) (Hour)

Date of Birth April 20, 1902

Age 50 (Years) 9 (Months) 19 (Days)

Date of Funeral Feb 19 (Date) Thurs (Day of Week) 1 P.M. (Hour)

Services at: Chapel - (Address)

Clergyman: .....

Religion of the Deceased Prod

Birthplace Radford, Arkansas

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Near Vineburg -

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa, Calif -

Name of Father Davis

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery Crematory } Valley Cemetery

1st grave SOUTH of Kerber Plot Big cement cor' Plot

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Complete Funeral (except outlays)	$ 123	15
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		6158
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		14
Slippers, $ ..... Hose, $		18.3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Embalmer		5 -
Flowers		50 00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		1 85
Total Footing of Bill	$ 150	-
Less	$	
Balance	$	

Office of Coroner and Public Administrator
Court House

№ 1263

Santa Rosa, Calif., 12-30 19 53

Received of Deputy Coroner Ernie Evans

Five and 93/100 $5 93 Dollars

cash belonging to Zuvcks Davis, aka Jim Davis Decid

In the Matter of the Estate of .....

Deposit on Bid for Real Property ..... $ .....

Deposit on Bid for Personal Property ..... $ .....

..... $ .....

VERNON SILVERSHIELD,
CORONER AND PUBLIC ADMINISTRATOR

By W B

Coroner

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Balance

$ ....
$ ....
$ ....
$ ....
$ ....
$ ....
$ ....

ectors.)
t to accrue from

206

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 8 19 53

Name of Deceased Carl E. Kilgare W
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P. O. Bx 77 Glen Ellen ☐Husband ☐Wife ☐Widow } Ruth
or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Ruth I. Kilgare

Address Asbarez

Order given by.....
(or informant)

How Secured:

If Veteran, State War No

Occupation Technician Sonoma State Home X 567-26-7093
(Social Security Number)

Employer and Address

Death Feb. 8, 1953 1:15 A.
(Date) (Hour)

Birth Feb. 22, 1887
65
(Years) (Months) (Days)

Funeral Feb. 10 Tue 10 A. M.
(Date) (Day of Week) (Hour)

at: Chapel

an: Rev. Van Es Sonoma
(Address)

of the Deceased Dead

ce Colorado

in the State
(or U. S. or City or County) (Years) (Months)

Death Community Hospital

Death: Heart attack Dec

tory Causes Certificate

g Physician Carroll B. Andrews M.D.
(or Coroner)

ess Sonoma, Calif

Father

place

Name of Mother

place:

mains to

sket Sutter Jaape
(State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory: Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		2 15
Dressing Body, $ Underwear, $		3
Suit or Dress (State Kind and Color)		6 45
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation	45	00
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Flowers 2 74.75	25	75
Out of town Undertaker's Charges		
Personal Service Organ Marcus p.	5	00
Rev. Van Es Lapsley	10	00
line Death Notices in Papers		
(Names of Newspapers)		
Indep. Indiana	3	61
	6	45
Sales Tax	525	81
Total Footing of Bill $	21	50
Less 21.50 30 days $	504	31
Balance $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 26, 1953	"	$504 31	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 9 19 53

Name of Deceased Zuvck AKA Zuvck Jim Davis W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Transcient -
☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Oran L. Davis (Brother)

Address P.O. Bx 72 - Healdsburg, Mass

Order given by O.K'd By Telephone - (or informant)
employed Graf Out Co. → To Vernon Silvershield

How Secured:

If Veteran, State War no

Occupation Plumber Unk -
(Social Security Number)

Employer and Address

Date of Death Feb 9, 1953 - Found 8 A M
(Date) (Hour)

Date of Birth April 20, 1902

Age 50 9 19
(Years) (Months) (Days)

Date of Funeral Feb 19 Thurs. 1 P. M.
(Date) (Day of Week) (Hour)

Services at: Chapel -

Clergyman:
(Address)

Religion of the Deceased Prod -

Birthplace Radford, Arkansas

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Near Vineburg -

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield, Coroner
(or Coroner)

His Address Santa Rosa, Calif -

Name of Father Davis

His Birthplace

Maiden Name of Mother

Her Birthplace

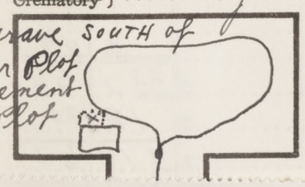
Motor / Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Valley Cemetery

1st grave SOUTH of Kerker Plot. Big cement cor' Plot



Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays)	$	123 15
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		6 158
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		18 3 14
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. My mother		5 -
Flowers		5 00
...line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax		1 85
Total Footing of Bill	$	150 -
Less	$	
Balance	$	

Office of Coroner and Public Administrator
Court House

№ 1263

Santa Rosa, Calif., 12-30 1953

Received of Deputy Coroner Ernie Evans

Five and 93/100 $5 93 Dollars

cash belonging to Zuvcks Davis, aka Jim Davis, Decd,

In the Matter of the Estate of

Deposit on Bid for Real Property $

Deposit on Bid for Personal Property $

$

VERNON SILVERSHIELD,
CORONER AND PUBLIC ADMINISTRATOR

By W B

Balance	
$	
$	
$	
$	
$	
$	
$	

ectors.)
t to accrue from

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

206

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb. 8 ..... 19 53

Name of Deceased Carl E. Kilgare ..... W (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: P.O. Bx 77 Glen Ellen ..... ☐ Husband ☐ Wife ☐ Widow of ..... Ruth .....

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Ruth Kilgare .....

Address ..... Arbonne .....

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No .....

Occupation Technician Sonoma State Home ✕ 567-26-7093 (Social Security Number)

Employer and Address .....

Death Feb. 8, 1953 (Date) 1:15 A. (Hour)

Birth Feb. 22, 1887 .....

65 (Years) (Months) (Days)

Funeral Feb 10 (Date) Tue (Day of Week) 10 A. (Hour) M.

at: Chapel .....

an: Rev Van Es (Address) Sonoma .....

of the Deceased Prod. .....

ce Colorado .....

in the State ..... (or U. S. or City or County) (Years) (Months)

Death Community Hospital .....

Death: Heart attack Age .....

tory Causes Certificate .....

.....

g Physician Carroll B Andrews M.D. (or Coroner)

ess Sonoma, Cal. .....

Father .....

place .....

Name of Mother .....

place: .....

mains to .....

sket Sutter Taupe (State Color and Number)

nufactured by: Sutter Casket Co. .....

Cemetery / Crematory: Chapel of the Chimes SR .....

Diagram of Lot or Vault

Lot No. ..

Grave No.

Section N

Block No

Owner .

Date			Ar
2		To Above Balance	
		By Payment	$
		" "	$
		" "	
		" "	
		" "	
		" "	
		" "	

Names o

Insurance $ ..... Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have suffici

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....

maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Complete Funeral (except outlays)	$	430 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 15
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		6 45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Flowers 25 ... 44.75		21 75
Out of town Undertaker's Charges		
Personal Service. Organ. Marcuse Jr.		5 00
Rev. Van Es ... Lipsky		10 00
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
Indep. Tribune		3 61
		6 45
	$	525 81
		21 50

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry *Feb 9* 19*53*

Name of Deceased *Zwick AKA Swick, Jim Davis* — *W* (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *Transient* — ☐Husband ☐Wife ☐Widow or .... of .... Age of Husband or Wife (if living) .... Years

Charge to: *Oran L. Davis (Brother)*

Address *P.O. Bx 72 — Heidelburg, Miss*

employed Gulf Oil Co.

Order given by (or informant) *O.K'ed By Telephone — → To Vernon Silvershield*

How Secured: ....

If Veteran, State War *No*

Occupation *Plumber* (Social Security Number) *Unk.*

Employer and Address ....

Date of Death (Date) *Feb 9, 1953 — Found 8 a.m.* (Hour)

Date of Birth *April 20, 1902*

Age (Years) *50* (Months) *9* (Days) *19*

Date of Funeral (Date) *Feb 19* (Day of Week) *Thurs.* (Hour) *1 P.* M.

Services at: *Chapel* — (Address)

Clergyman: ....

Religion of the Deceased *Prod.*

Birthplace *Radford, Arkansas*

Resided in the State (or U.S. or City or County) ...... (Years) ...... (Months)

Place of Death *Near Vineburg* —

Cause of Death ....

Contributory Causes ....

Certifying Physician (or Coroner) *Vernon Silvershield, Coroner*

His Address *Santa Rosa, Calif.* —

Name of Father *— Davis*

His Birthplace ....

Maiden Name of Mother ....

Her Birthplace ....

Motor / Ship } Remains to ....

Size of Casket .... (State Color and Number)

Manufactured by ....

Cemetery / Crematory } *Valley Cemetery*

1rst grave SOUTH of Kerner Plot Big cement cov' plot

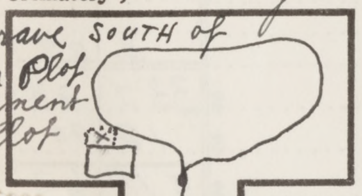


Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Complete Funeral (except outlays) $	*123*	*15*
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		*6 58*
Dressing Body, $ ...... Underwear, $		
Suit or Dress (State Kind and Color)		*3*
Slippers, $ ...... Hose, $		*18 3 74*
Folding Chairs, $ ...... Tarpaulin, $		
Candelabrum, $ ...... Candles, $		
Door Spray, $ ...... Gloves, $		
Funeral Car, $ ...... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	*15*	*00*
Lining Grave, $ ...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ .... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ...... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. *Monster*	*5*	*—*
Flowers —	*5*	*00*
.... line Death Notices in ...... Papers (Names of Newspapers)		
Sales Tax	*1*	*85*
Total Footing of Bill $	*150*	*—*
Less $		
Balance $		

Entered into Ledger, page ...... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Statement				To Balance Forward		$
						$	$
						$ *50* —	$
						$ *50* —	$
						$ *50* —	$
						$	$
						$	$
						$	$

...rm Name of Funeral Directors.)

... from date. Interest to accrue from

Dec. 29 19*53* NO. 07335

...VED FROM *Bates & Evans*

...ol & 91/100 DOLLARS

...perty of Zurils aka Swick aka Jim Davis

HOW PAID BALANCE DUE

Vernon Silvershield Coroner

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

206

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 8 1953

Name of Deceased Carl E. Kilgare W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. Box 77 Glen Ellen ☐Husband ☐Wife ☐Widow } Ruth

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Ruth Kilgare

Address. above

Order given by.....
(or informant)

How Secured:.....

If Veteran, State War no

Occupation Instructor Sonoma State Home 567-26-7093 (Social Security Number)

Employer and Address .....

Death Feb. 8, 1953 1:15 A.
(Date) (Hour)

Birth Feb. 22. 1887

65
(Years) (Months) (Days)

Funeral Feb 10 Tue 10 A. M.
(Date) (Day of Week) (Hour)

at: Chapel

an: Rev Van Es Sonoma
(Address)

of the Deceased Dead

ce Colorado

in the State.....
(or U. S. or City or County) (Years) (Months)

Death Community Hospital

Death: Heart attack Dec

tory Causes... Certificate

.....

g Physician Carroll B Andrews M.D.
(or Coroner)

ess Sonoma, Calif

Father.....,

place.....

Name of Mother.....

place:.....

mains to.....

sket Sutler Jarpe
(State Color and Number)

nufactured by: Sutler Casket Co.

Cemetery / Crematory Chapel of the Chi... S...

Diagram of Lot or Vault

Lot No...

Grave No

Section N

Block N

Owner.

Date		
2	To Above Balance	
	By Payment	$
	" "	
	" "	
	" "	
	" "	
	" "	
	" "	

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have suffic...
for the payment of aforesaid sum, and I hereby covenant and agree to pay the ...
maturity at the rate of.....% per annum.

Witness.....

Compiled by F. J. FEINEMA...

Complete Funeral (except outlays)	$	430 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2 15
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		6 45
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Flowers 2... 74.75		2 1 7 5
Out of town Undertaker's Charges		
Personal Service. Organ. Marcuse J.		5 00
Rev. Van Es J. Lipsky		10 00
....line Death Notices in..... Papers		
(Names of Newspapers)		
Index Tribune		3 61
		6 45
	$	525 81
		50

No. 07335
DOLLARS

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 9 19.53

Name of Deceased Zwick A.K.A. Swick, Jim Davis W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Transient -
☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Oran L. Davis (Brother)

Address P.O. Bx 72 - Heidelburg, Miss

Order given by O. K'd By Telephone - employed Bay Oil Co.
(or informant) To Vernon Silvershield

How Secured:

If Veteran, State War no

Occupation Plumber Unk -
(Social Security Number)

Employer and Address

Date of Death Feb 9, 1953 - Found 8 9 M
(Date) (Hour)

Date of Birth April 20, 1902

Age 50 9 19
(Years) (Months) (Days)

Date of Funeral Feb 19 Thurs 1 P M.
(Date) (Day of Week) (Hour)

Services at: Chapel -

Clergyman:
(Address)

Religion of the Deceased Prod -

Birthplace Radford, Arkansas

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Near Veneburg -

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield, Coroner
(or Coroner)

His Address Santa Rosa, Calif -

Name of Father Davis

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket
(State Color and Number)

Manufactured by

Cemetery Crematory } Valley Cemetery

1st grave SOUTH of Kerker Plot. Big cement cor' of Plot

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 123	15
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		6 58
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		3 14
Slippers, $ ... Hose, $		18 3
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. My mother		5 -
Flowers		5 00
...line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax		1 85
Total Footing of Bill	$	150 -
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
53	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Mar. 13, 1953	"on acct	$ 50 -	$
	" "	$	$	April 28, 1953	"on acct	$ 50 -	$
	" "	$	$	June 1, 1953	" "	$ 50 -	$
	" "	$	$		" " Jack Field	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Names of Lodges ..... Insurance Companies .....

horize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

ent of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from

he rate of .....% per annum.

Signed .....

Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 17 19 53

Name of Deceased Andrew Degan W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: El Verano, Cal - Near Peter DeJong's ☐Husband ☐Wife ☐Widow } Amelia

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Amelia Degan

Address 130 Sonoma Ave. El Verano

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Ret. Machinist No. (Social Security Number)

Employer and Address

Date of Death Feb. 17, 1953 - 11:50 P. (Date) (Hour)

Date of Birth May 2, 1869

Age 84 (Years) (Months) (Days)

Date of Funeral Feb. 20 Fri 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Lupsky - Boyes Springs (Address)

Religion of the Deceased Prot.

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Vascular Accident

Contributory Causes Hypertensive - Cardio - Vascular disease - Hypostatic Pneumonia

Certifying Physician (or Coroner)

His Address County Hospital S.R.

Name of Father Lawrence Degan

His Birthplace Switzerland

Maiden Name of Mother Mary - Unk

Her Birthplace Switzerland

Motor / Ship } Remains to

Size of Casket

Manufactured by: Golden State Casket Co. (State Color and Number)

Cemetery / Crematory } Chapel of the Chimes, S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 258	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 1.50	1	50
Suit or Dress 24.00 (State Kind and Color)		
Slippers, $ ..... Hose, $		12.90
Folding Chairs, $ ..... Tarpaulin, $		1.50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		13.05
Funeral Car, $ ..... Ambulance, $		1.50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		3.91
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
- Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Lupsky	10	-
Music - Maruecha P. Dunbar	10	-
.... line Death Notices in ..... Papers		
Local notices (Names of Newspapers)	3	61
Sales Tax	3	87
Total Footing of Bill	$ 332	58
Less 12.90 - 30 days	$ 12	90
Balance	$ 319	63

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
2/25/53	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Mar. 11, 1953	" Full	$ 319 63	$
	"	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 18 19 53

Name of Deceased Thomas Jackson Sheppersan W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 741 - 2nd St. East Sonoma ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Ada Manning

Address: above

Order given by..... (or informant)

How Secured:

If Veteran, State War No

Occupation Salesman - Ret. No. (Social Security Number)

Employer and Address Star Mattress Co.

Date of Death Feb 18, 1953 (Date) 2:30 P. (Hour)

Date of Birth March 27, 1866

Age 86 (Years) (Months) (Days)

Date of Funeral Feb 20 (Date) Fri (Day of Week) 10 A.M. (Hour)

Services at: Chapel

Clergyman: Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Pennsylvania

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. County Hospital -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:

Name of Father Thomas Sheppersan

His Birthplace England

Maiden Name of Mother Margaret Crasher

Her Birthplace Penn.

Motor Ship } Remains to.....

Size of Casket Sutter Habardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 430	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2.15
Dressing Body, $..... Underwear, $		3 / 6.45
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced 2 C/C		2 00
Out of town Undertaker's Charges		
Personal Service Music - Dam		10 -
Rev. Buttrum		10 -
....line Death Notices in ..... Papers		3 6.1
Local Posted (Names of Newspapers)		
		6 45
Sales Tax		507 56
Total Footing of Bill	$	
Less Courtesy discount	$	43 00
Balance	$	464 56

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
3-18-53	To Above Balance, By request.	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
mar. 28 53	" "	$	$
	" "	$ 464 56	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Feb 21 1953

Name of Deceased Clyde Twyman W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Rt 2 Bx 240 Panama ☐Husband ☐Wife ☐Widow

Charge to Clifford Twyman or.....of } Age of Husband or Wife (if living).....Years

Address 662 Broadway

Order given by Panama (or informant)

How Secured:

If Veteran, State War

Occupation Laborer X488-16-2472 (Social Security Number)

Employer and Address Pagani Winery

Date of Death Feb 20, 1953 (Date) 5:05 A. (Hour)

Date of Birth July 4, 1910

Age 42 (Years) 7 (Months) 17 (Days)

Date of Funeral Feb 23 (Date) Mon (Day of Week) 10 AM. (Hour)

Services at: Chapel

Clergyman: Howard Davis (Address)

Religion of the Deceased Prod.

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes

Certifying Physician Craven M.D. (or Coroner)

His Address Panama, Calif.

Name of Father Morgan Twyman

His Birthplace Kentucky

Maiden Name of Mother Amanda Barker

Her Birthplace: Missouri

Motor / Ship } Remains to

Size of Casket Taupe - Sutter (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery Panama

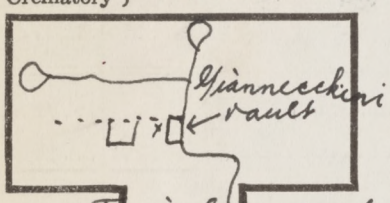

Diagram of Lot or Vault

Between Frisbie and Giannecchini Vault.

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 415 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	20 50
Folding Chairs, $ ..... Tarpaulin, $	15
Candelabrum, $ ..... Candles, $	22 50
Door Spray, $ ..... Gloves, $	3
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	67 50
Extra Limousines ..... @ $	6
Autos to R. R. Station ..... @ $	
Getting Remains from:	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ ..... of Temporary Vault, $	
Opening of Grave or Tomb	50 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ ..... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service. own Monuster	
own Music	
....line Death Notices in ..... Papers	
U.S. Notices (Names of Newspapers)	
Sales Tax	6 68
Total Footing of Bill	$ 491 68
Less	$
Balance	$

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
March 10, 1953	on acct	$ 30 —	$
April 13 53	" " "	$ 30 —	$
June 12, 53	" " "	$ 60	$
June 2, 54	" " "	$ 100	$
June 21, 54	" " "	$ 111 20	$
Sept 24, 1954	"	$ 30 —	$
Nov 24, 54		30 —	
May 1, 55	" "	15 —	
April 55	on acct	10	
May 2, 55	" "	15	
June 55	" "	15 —	85.48
Sept 2	" "	15	1048

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 21 1953

Name of Deceased Thomas Thompson

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 206 Sonoma ☐Husband ☐Wife ☐Widow } Russia

Charge to: Mrs. Susie Thompson or.....of } Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation Carpenter 553-26-8558 (Social Security Number)

Employer and Address.....

Date of Death Feb 21 1953 (Date) 8:30 P (Hour)

Date of Birth Nov 17 1882

Age 70 (Years) (Months) (Days)

Date of Funeral Feb 24 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman: Rev. Wm F. McMurdie (Address)

Religion of the Deceased Prod.

Birthplace Norway

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath MD (or Coroner)

His Address: Sonoma, Cal.

Name of Father Johan Tharstensen

His Birthplace Norway

Maiden Name of Mother Theolene Knutsen

Her Birthplace Norway.

Motor Ship } Remains to.....

Size of Casket Hollywood (State Color and Number)

Manufactured by West Coast Casket Co

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 652	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		3 26
Folding Chairs, $..... Tarpaulin, $		3
Candelabrum, $..... Candles, $		9 78
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. McMurdie		
music - Dunbar - Marcuse	10	-
....line Death Notices in..... Papers		
Posted Local (Names of Newspapers)	3	61
1 C/C	1 9	- 78
Sales Tax		
Total Footing of Bill	$ 721	39
Less 32.60 - 30 days	$ 32	60
Balance	$ 688	79
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3/1/53	Statement To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Mar 9, 1953	" Jul	$ 688 79	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

212

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 23 19 53

Name of Deceased Curtis Edward Palmare W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 735 Broadway Sonoma ☐Husband ☐Wife ☐Widow of Hazel

Charge to: Hazel Palmare Age of Husband or Wife (if living)..... Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War W.W.I

Occupation Warehouseman (Social Security Number)

Employer and Address.....

Date of Death Feb. 23, 1953 7:15 P. (Date) (Hour)

Date of Birth July 22, 1886

Age 66 (Years) (Months) (Days)

Date of Funeral Feb. 26. Thurs. 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Ferrell; Masonic Lodge (Address)

Religion of the Deceased Prod.

Birthplace Friars Point, Mississippi

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Veteran's Home, Cal.

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Charles S. Palmare

His Birthplace Virginia

Maiden Name of Mother Willie N. Poe

Her Birthplace:.....

Motor / Ship Remains to.....

Size of Casket Jasper (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory Golden Gate National

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 415	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		20 50
Folding Chairs, $ ... Tarpaulin, $		15
Candelabrum, $ ... Candles, $		32 50
Door Spray, $ ... Gloves, $		3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		67 50
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Ferrell	10	-
Organ - Marcuccio Jr.	5	-
... line Death Notices in ... Papers		
Local - Posted (Names of Newspapers)	3.	61
Sales Tax	6.	68
Total Footing of Bill	$ 455	29
Less 21.50 30 days	$ 21	50
Balance	$ 433	79

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
2/28/53	Filed with Government		
	To Above Balance	$	$
3/1/53	By Payment Statement	$	$
6-30-53	" 1 "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
March 14, 1953	On Acct	$ 248 79	$
	" "	$	$
Mar 30, 1953	Govt. Mest.	$ 150 -	$
July 7, 1953	"	$ 35	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb. 23 1953

Name of Deceased Samuel L. Brown W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5319 Burlingame, Richmond, Cal. ☐Husband ☐Wife ☐Widow } Anna Ruth

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Government

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War WW-2

Occupation Steam fitter 495-05-3356 (Social Security Number)

Employer and Address.....

Date of Death Feb. 23, 1953 (Date) 7 p.m. (Hour)

Date of Birth Jan. 25, 1901

Age 52 (Years) (Months) (Days)

Date of Funeral Feb. 27 (Date) Fri. (Day of Week) Private (Hour) M.

Services at Graveside

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Imola - Napa State Hospital

Cause of Death Terminal Pneumonia

Contributory Causes Cirrhosis of liver

.....

Certifying Physician Eunice S. G. Waters M.D. (or Coroner)

His Address Napa State Hospital

Name of Father Andrew Brown

His Birthplace -

Maiden Name of Mother Nellie Boyle

Her Birthplace Ireland

Motor Ship } Remains to.....

Size of Casket #. 80 A. Grey Am. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Golden Gate National

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	132. 56
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		66 28
Barber, $..... Hair Dressing, $		15
Dressing Body, $..... Underwear, $		1,28 3
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		21 3 84
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in.....Papers (Names of Newspapers)		
Sales Tax		2 44
Total Footing of Bill	$	150 00
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/28/53	Filed With Government -	$	$		To Balance Forward	$	$
	To Above Balance	$	$	April 14-53	By Payment Vets	$ 150 -	$
	By Payment	$	$		" " Bureau	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

214

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 26 1953

Name of Deceased Jane Lugg W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 25 Madera Rd Bayes Springs ☐Husband ☐Wife ☐Widow or.....of Oswald

Age of Husband or Wife (if living).....Years

Charge to: Oswald Lugg

Address Above

Order given by (or informant)

How Secured

If Veteran, State War no.

Occupation at home no. (Social Security Number)

Employer and Address

Date of Death Feb 26, 1953 (Date) (Hour)

Date of Birth Dec 13, 1870

Age 82 (Years) (Months) (Days)

Date of Funeral Feb 28 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev D A Simmons El Verano (Address)

Religion of the Deceased Prod.

Birthplace Wales England

Resided in the State 2 4 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Thomas

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket Grey 1/2 Ch. (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Mt Cemetery

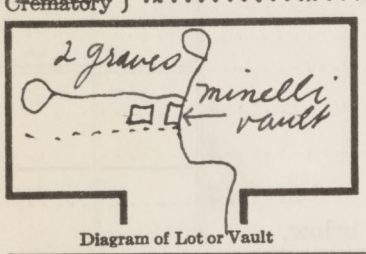

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 330	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		165
Folding Chairs, $ ... Tarpaulin, $		12
Candelabrum, $ ... Candles, $		18 0
Door Spray, $ ... Gloves, $		1 3
Funeral Car, $ ... Ambulance, $		5 4 0
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev Simmons	10	—
Organ — Marcucci Jr.	5	—
...line Death Notices in ... Papers		
Local	3	61
(Names of Newspapers) 2 c/c	2	00
Sales Tax	5	40
Total Footing of Bill	$ 426	01
Less 17.25 2 Pasts	$ 4	
Balance	$ 430 17	01 25
Entered into Ledger, page ... or below.	412	76

Date		Amount Paid	Balance
3/7/53	statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$ 412 76	$
Mar 17, 53	" full	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Mar 1 1953

Name of Deceased Cecilia Burg (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐Husband ☒Wife ☐Widow or ? of Phillip Burg

Residence Turkey St. Sonoma Age of Husband or Wife (if living) 8/ Years

Charge to: Phillip Burg

Address P.O. Box 223 Sonoma

Order given by "

(or informant)

How Secured

If Veteran, State War

Occupation House wife X 565-30-9756 (Social Security Number)

Employer and Address

Date of Death Mar 1, 53 (Date) 2 P.M. (Hour)

Date of Birth May 30, 1888

Age 64 (Years) (Months) (Days)

Date of Funeral 3/3/53 (Date) Tues (Day of Week) 10 A.M. (Hour)

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Cazadero Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death At Home, Turkey St.

Cause of Death

Contributory Causes

Certifying Physician V. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father Wm Aufort

His Birthplace France

Maiden Name of Mother Victorene Devoe

Her Birthplace France

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery / ~~Crematory~~ } Sonoma Catholic

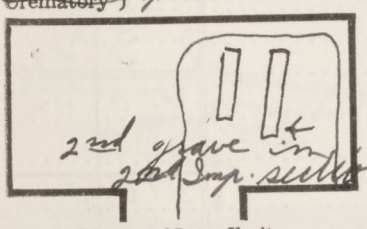

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	449 —
Casket		15 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Underclothing (State Kind and Color)		3 50
Slippers, $ ..... Hose, $ 24		11
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		22 50
Limousines to Cemetery ..... @ $		15
Extra Limousines ..... @ $		3 50
Autos to R. R. Station ..... @ $		24 00
Getting Remains from		3
Taking Remains to		29 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 graves		165 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Low mass		15 —
....line Death Notices in Ex. Papers		7 14
Posted (Names of Newspapers)		3 61
		7 19
Sales Tax		
Total Footing of Bill	$	690 55
Less 23 20	$	23 20
Balance	$	667 35

Entered into Ledger, page ..... or below.

SIZE 6/6 No. 4538 3/10/53 - St Cov. 272

DESCRIPTION: Sabina of Emperor Full lined Fringe on Overlay Sr B & Bp

HANDLES: 432 ~~1513~~ -6x2- Spt Hdls

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$ 667	35	$	
March 10, 1953	"	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	
	" "	$		$	

BURG—In Sonoma, March 1, 1953, Cecilia, dearly beloved wife of Phillip Burg of Sonoma, sister of Harry Aufort of Livermore, and loving aunt of Mrs. Eugene Malet of Sonoma, and Rene Aufort of San Francisco; a native of Cazadero, Calif., aged 64 years.

Friends are invited to attend the funeral services Tuesday, March 3, 1953, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul, commencing at 10 a. m. Interment Catholic Cemetery, Sonoma, Calif. (Rosary will be recited Monday evening at 8 o'clock.)

Names of Lodges ..... Insurance Companies .....

Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

216

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 1 1953

Name of Deceased Joseph Northmore W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 72 Fetters Springs, Cal ☐Husband ☐Wife ☐Widow } Lena

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Lena Northmore

Address P.O. Bx 72 Fetters Springs

Order given by J. Northmore (or informant)

How Secured 2490 Hulbert Ave Seb

If Veteran, State War No

Occupation Railway Express No. (Social Security Number)

Employer and Address S.F. R.R.

Date of Death March 1, 1953 (Date) 6:15 P.M. (Hour)

Date of Birth Oct 6, 1864

Age 88 (Years) (Months) (Days)

Date of Funeral March 4, Wed (Date) (Day of Week) 10:30 A.M. (Hour)

Services at Chapel

Clergyman Rev. J.V. Schull Napa (Address)

Religion of the Deceased 7th Dad Adv

Birthplace England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arteris-sclerotic heart disease

Contributory Causes Senility

Certifying Physician (or Coroner)

His Address

Name of Father Joseph Northmore

His Birthplace England

Maiden Name of Mother Vivien Hart

Her Birthplace England

Motor Ship } Remains to

Size of Casket #197 Cov. Ad. Brocade (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	328 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		1 60
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		49 2
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		-
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Schull By request		15 -
Music - Marenco - Dunbar		10 -
...line Death Notices in ... Papers		
(Names of Newspapers)		
Press Democrat		4 -
Posted		3 61
Sales Tax		4 92
Total Footing of Bill	$	410 53
Less 16.40 - 30 days. 2 cfc	$	2
Balance	$	410 53
Entered into Ledger, page ... or below.		16 40
		394 13

Date			Amount Paid	Balance	Date		Amount Paid	Balance
3-10-53		Statement To Above Balance	$	$		To Balance Forward	$	$
3-26-53		Statement to Son Sebastopol By Payment	$	$		By Payment	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$ 394 13	$
		" "	$	$	April 2, 1953 Full		$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 4 1953

Name of Deceased Domenico Marchetti W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Agua Caliente, Cal. ☐Husband ☐Wife ☐Widow of Lena

Charge to Fortunato Giannechini Age of Husband or Wife (if living)..... Years

Address 438 Napa St. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Labarer No. (Social Security Number)

Employer and Address Phillipi Ranch

Date of Death March 4, 1953 7:30 A. (Date) (Hour)

Date of Birth Dec.

Age 74 (Years) (Months) (Days)

Date of Funeral March 7 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death E.L. Verans Rest Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician T. K. McGrath MD (or Coroner)

His Address Sonoma, Calif.

Name of Father Baptista Marchetti

His Birthplace Italy

Maiden Name of Mother Zeffera Branchini

Her Birthplace Italy

Motor / Ship } Remains to.....

Size of Casket 17.98- 14. P. Brocade Sil (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

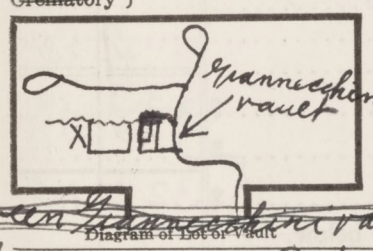

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

~~Interment~~ Giannechini vault Owner.....

Complete Funeral (except outlays) $	313	-
Casket		
Burial Vault or Box (State Kind)	125	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ~~shirt 2 1/2 14 & 8~~ (State Kind and Color)	2	8.3
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		15650
Door Spray, $ ... Gloves, $		15
Funeral Car, $ ... Ambulance, $		275
Limousines to Cemetery ... @ $		17425
Extra Limousines ... @ $		3
Autos to R. R. Station ... @ $		5.2275
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	-
... line Death Notices in ... Papers		
Larsal (Names of Newspapers)	3	6.1
Sales Tax	5	15
Total Footing of Bill $	409	59
Less 16.40- 30 days $	16	40
Balance $	393	19

Entered into Ledger, page ..... or below.

1st grave N. of Cadorin Blvd

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
3-10-53	Statement To Above Balance	$		$			To Balance Forward			$	
4/15/53	Filed - Judge Del Pozzo By Payment	$		$			By Payment	$		$	
	"Disc. allowed 7 Pd by April 17-53	$		$		April 17-53	Da Jud	$393	19	$	
	" "	$ April 20th		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

218

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 4 1953

Name of Deceased Albert Edward Hodgkinson W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 770 Austin St. Sonoma, Cal. ☐Husband ☐Wife ☐Widow

or.....of Age of Husband or Wife (if living).....Years

Charge to Robert Hodgkinson

Address 770 Austin St Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Ret. Inn Keeper 551-18-0087 (Social Security Number)

Employer and Address.....

Date of Death March 4, 1953 (Date) 8:45 P (Hour)

Date of Birth June 13, 1886

Age 66 (Years) (Months) (Days)

Date of Funeral March 7, (Date) Sat (Day of Week) 2 P (Hour) M.

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prod

Birthplace England

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address Sonoma County Hospital

Name of Father Charles Hodgkinson

His Birthplace —

Maiden Name of Mother —

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket #..... (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Mt. Colma Cemetery Sonoma

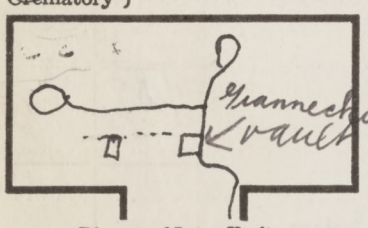

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 243	
Casket		
Burial Vault or Box (State Kind)	15 -	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		10
Slippers, $..... Hose, $		12 50
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		13 50
Door Spray, $..... Gloves, $		1
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		40 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5 -	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr Buttrum	10	-
Organ - Marcuse J.	5	-
....line Death Notices in..... Papers		
(Names of Newspapers) 1 - c/c	1	-
Sales Tax	4	10
Total Footing of Bill	$ 333	10
Less 12 90 - 30 days:	$ 12	90
Balance	$ 320	20

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
3-10-53	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Mar 18 1953	" " Jo Gill	$ 320 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 7 1953

Name of Deceased Charles Bain W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 105 France St. Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Agnes

Charge to: Agnes Bain Age of Husband or Wife (if living) ..... Years

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Ret. Rancher No. (Social Security Number)

Employer and Address .....

Date of Death March 7, 1953 6 a.m. (Date) (Hour)

Date of Birth .....

Age 75 (Years) (Months) (Days)

Date of Funeral Mar. 9 Mon. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death Myocardial infarcto

Contributory Causes Coronary Sclerotic Occlusion

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Robert Bain

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket #80 A Grey Arm (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma, Calif.

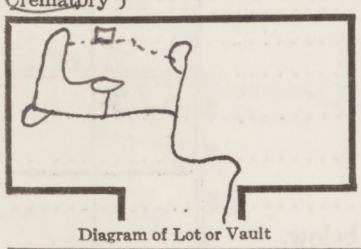

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt 2 ½ sox & Underwear 1.50 (State Kind and Color)		4 38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		7.50
Door Spray, $ ..... Gloves, $		.75
Funeral Car, $ ..... Ambulance, $		4.25
Limousines to Cemetery ..... @ $		9.75
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		2.75 2.5
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Terrell		10 —
..... line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)		3 61
Sales Tax		2 53
Total Footing of Bill	$	235 52
Less 8.00 30 days	$	8
Balance	$	227 52

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-12-53	To Statement Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Mar 23, 53	" "	$227 52	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 11 1953

Name of Deceased Marie Tittsworth W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx 300 Sonoma ☐Husband ☐Wife ☐Widow of Carey L.

Charge to: Carey L. Tittsworth Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured

If Veteran, State War no.

Occupation Housewife no. (Social Security Number)

Employer and Address

Date of Death March 11 1953 7:46 P. (Date) (Hour)

Date of Birth July 17 1900

Age 52 (Years) (Months) (Days)

Date of Funeral March 13 Fri 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Terrell Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Czechoslovakia

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician C. B. Andrews MD (or Coroner)

His Address Sonoma

Name of Father

His Birthplace

Maiden Name of Mother Sophia Volkas

Her Birthplace

Motor Ship } Remains to

Size of Casket Orchid (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

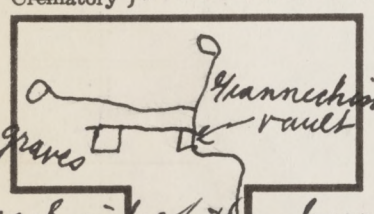

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 46	4 —
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		2 32
Folding Chairs, $ Tarpaulin, $		15
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		2 47
Funeral Car, $ Ambulance, $		3
Limousines to Cemetery @ $		
Extra Limousines @ $		7 41
Autos to R. R. Station @ $		7.
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Flowers & Co	20	60
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $	1	—
Gross Total for Sales Tax	$	
Outlay for Lot 4 Posts @ 2	8	—
Cremation 3 Graves		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	50	
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Terrell	10	—
Organ — Marcucci Jr.	5	—
line Death Notices in Papers		
Examiner (Names of Newspapers)	4	56
Local	3	61
Sales Tax	7	41
Total Footing of Bill	$ 59	18
Less 23.95 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

1 on each side of this burial
1 rst grave N. of Hodgkinson

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
	" "	$		$		Sept 8, 1953	" " Jewell	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
Statement	Husband 8/20/53	$ 3		$			" "	$		$	

TITTSWORTH—In Sonoma, Calif., March 11, 1953, Marie Tittsworth, dearly beloved wife of Carey L. Tittsworth of Sonoma; beloved mother of Mrs. Evelyn J. Daniloff of Walnut Creek; George Terrell Tittsworth of Sonoma; Mrs. Virginia Beautrice Baker of Kansas City, Kans., and Pfc. Carey Leslie Tittsworth Jr., of Korea; loving daughter of Mrs. Sophia Volkas of Sonoma; also leaves five grandchildren. A native of Czechoslovakia aged 52 years.
Friends are invited to attend the funeral services Friday, March 13, at 2 p. m. at the Chapel of Bates and Evans, Sonoma, Calif. Interment, Mt. Cemetery, Sonoma.

8-7-53

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 15 1953

Name of Deceased Clyde E. Perry W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 673 Lisbon St. S.F. ☐Husband ☐Wife ☐Widow or.....of } .....

Age of Husband or Wife (if living).....Years

Charge to: Clarence Perry

Address. El Verano, Cal.

Order ~~given~~ by Whitehead Motor Co. (or informant)

How Secured:

If Veteran, State War No.

Occupation Gardener 520-05-6477 (Social Security Number)

Employer and Address City Park Commission

Date of Death March 15, 1953 (Date) (Hour)

Date of Birth April 12, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral March 18 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Coleman (Address)

Religion of the Deceased Prod

Birthplace Kansas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death City & County of San Francisco

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Leonard Perry

His Birthplace

Maiden Name of Mother Emma

Her Birthplace

Motor/Ship } Remains to

Size of Casket Grey 2 3/4 Brocade H.P. (State, Color and Number)

Manufactured by Golden State Casket Co.

Cemetery/Crematory } Mt. Cemetery Sonoma

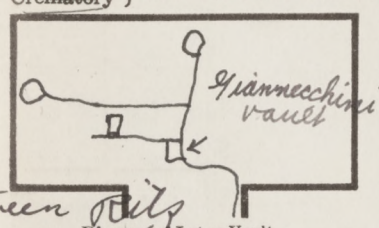

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Between July + Fassett

Complete Funeral (except outlays)	$ 313 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ... underwear 2 23 — 7414 (State Kind and Color)	2 32
Slippers, $ ..... Hose, $ Suit 10 50 31	10 81
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	156 50
Limousines to Cemetery ..... @ $	13 75
Extra Limousines ..... @ $	18 32 5 3
Autos to R. R. Station ..... @ $	54 97 5
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges ~~to Chapel~~	
Procuring Burial Permit Pick-up (State Number and District)	7 50
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Rev. Coleman	10 —
Organ, Marcucci Jr.	5 —
...line Death Notices in ..... Papers	
Examiner 1 day (Names of Newspapers)	5 88
Sales Tax	5 15
Total Footing of Bill ..... $	374 66
Less 16.40 30 days ..... $	
Balance ..... $	

Entered into Ledger, page.....or below.

PERRY—In San Francisco, March 15, 1953, Clyde E. Perry, dearly beloved father of Clarence Perry of El Verano, Arthur Perry and Mrs. Lillian Prater of San Francisco and Mrs. Leota Schrul of Wyoming, loving brother of Mrs. Mabel Thomas and Mrs. Carey Griffith; a native of Kansas, aged 71 years.
Friends are invited to attend the funeral services Wednesday, March 18, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mountain Cemetery, Sonoma.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Balance		$		To Balance Forward	$	$
	ent	$	$		By Payment	$	$
		$	$	Mar 18, 53	" "	$ 120 —	$
		$	$	April 25, 53	" Clarence	$ 10 —	$
	" "	$	$	April 27, 53	Walter Prater	$ 10 —	$
	" "	$	$	May 5, 1953	Mrs Albert Schrul	$ 84 —	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 12, 53	" Clarence	$ 43 66	$
				Aug 27, 53	Mr. Prater	20 —	
				Oct 7, 53	Insurance Companies	53 96	
				Dec 21 53	Dupuy	32 04	

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

222

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 13 1953

Name of Deceased Bertha E. Farnsworth W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx. 77 C. Sonoma ☐Husband ☐Wife ☐Widow of Samuel J.

Charge to George H. Gallagher

Address Harlem, Montana Age of Husband or Wife (if living).....Years

Order given by above (or informant)

How Secured:

If Veteran, State War No.

Occupation At home 463-01-1287 (Social Security Number)

Employer and Address

Date of Death March 13 (Date) 11:55 P. (Hour)

Date of Birth Sept 23, 1880

Age 72 (Years) (Months) (Days)

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father J. M. Hamilton

His Birthplace

Maiden Name of Mother Isabella Ross

Her Birthplace:

Motor / Ship } Remains to

Size of Casket Grey 1/2 ch. #195 1/2 (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory I.O.O.F. Lawn Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 479	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 17.00 24.51 (State Kind and Color)	17	51
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		239 50
Door Spray, $ ... Gloves, $		17 -
Funeral Car, $ ... Ambulance, $		256 50
Limousines to Cemetery ... @ $		3
Extra Limousines ... @ $		7695
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced for Santa Rosa Cemetery	227	70
Out of town Undertaker's Charges		
Personal Service Rev. Lapsley	10	-
Music, Marcucci - Ferrara	10	-
... line Death Notices in ... Papers		
Press Democrat (Names of Newspapers)	3	61
Sales Tax	7	19
Total Footing of Bill	$ 755	01
Less	$ 23	95
Balance	$ 731	06
Entered into Ledger, page ... or below Sacra	5	-

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	March 18, 1953	"	$ 236 06	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 16 1953

Name of Deceased Jasmine Farmer W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Riverside Drive - El Verano, Calif. ☐Husband ☐Wife ☐Widow } Richard

Charge to: Segul Patterson or / or.....of } Age of Husband or Wife (if living).....Years

Address: Pat Patterson / Brothers -

Order given by..... (or informant)

How Secured:

Complete Funeral (except outlays)	$ 215	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body		

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon Jasmine Farmer

Dated: March 16, 1953

Vernon Silversheild

Coroner.

White - Coroner's Copy
Pink - Funeral Director's Copy
Blue - Physician's Copy

Her Birthplace Texas

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Themselves		
Personal Services Rev. Ferguson		
Music - Marechi - Organ	10	-
....line Death Notices in.....Papers		
(Names of Newspapers)		
La Prensa	3	61
Sales Tax	3	23
Total Footing of Bill	$ 276	84
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-28-53	Filed with C.R.G.						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	July 17 1954	By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	By Pat Patterson		$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry March 13 1953

Name of Deceased Bertha E. Farnsworth W. (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Rt 1 Bx 77 C Sonoma ☐Husband☐Wife☐Widow or ..... of } Samuel I.

Age of Husband or Wife (if living).......Years

Charge to George H. Gallager

Address Harlem, Montana

Order given by above (or informant)

How Secured:

If Veteran, State War No

Occupation At home

Employer and A[ddress]

Date of Death

Date of Birth

Age

Date of Funeral

Services at: Cha[pel]

Clergyman:

Religion of the De[ceased]

Birthplace

Resided in the Stat[e]

Place of Death Ho[...]

Cause of Death:

Contributory Cause[s]

Certifying Physician

His Address Sona[...]

Name of Father J. [...]

His Birthplace

Maiden Name of Mot[her]

Her Birthplace:

Motor / Ship } Remains to

Size of Casket Grey ½ ch. #195½ (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery } I.O.O.F. Lawn Cem. S. Rosa

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

	$	
Complete Funeral (except outlays)	479	–
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.......... Hair Dressing, $		
... Rosa Cemetery	227	70
Out of town Undertaker's Charges		
Personal Service Rev. Lipsky	10	–
Music, Marcucci - Terrace	10	–
....line Death Notices in......Papers Local (Names of Newspapers)	3	61
Sales Tax	7	19
Total Footing of Bill	$755	01
Less	$23	95
Balance	$731	06
Entered into Ledger, page......or below Sacra	5	–
	736	06

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
March 18, 1953	" "	$736.06	$
	" " J. Gull	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..............days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 16 1953

Name of Deceased Jasmine Farmer W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Riverside Drive - El Verano, Cal. ☐Husband ☐Wife ☐Widow of ..... Richard

Charge to: Segue Patterson or Age of Husband or Wife (if living)..... Years

Address Pat Patterson Brothers

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation at home 568-16-6092 (Social Security Number)

Employer and Address

Date of Death March 17, 1953 (Date) (Hour)

Date of Birth October 28, 1910

Age 42 (Years) (Months) (Days)

Date of Funeral March 20 - Fri 1.0.9. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman: Rev. Ferguson Petters (Address)

Religion of the Deceased Prot.

Birthplace Oklahoma

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Carcinoma - Gall

Contributory Causes Fever

Certifying Physician Vernon Schoenfeld (or Coroner)

Its Address Santa Rosa, Cal.

Name of Father James P. Farmer

Its Birthplace Texas

Maiden Name of Mother Eddie Davidson

Her Birthplace Texas

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 215	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		10 75
Folding Chairs, $..... Tarpaulin, $		3 50
Candelabrum, $..... Candles, $		31 25
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Shemaelines		
Personal Service Rev. Ferguson		
Music - Marechi - Organ	10	-
....line Death Notices in..... Papers (Names of Newspapers)		
Daily	3	61
Sales Tax	3	23
Total Footing of Bill	$ 276	84
Less	$	
Balance	$	

Entered into Ledger, page..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-28-53	Filed with G R H.		$		To Balance Forward		$
	To Above Balance		$		By Payment	$	$
	By Payment	$	$	July 17 1954	" "	$	$
	" "	$	$		By Pat Patterson	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

224

RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry March 20 1953

Name of Deceased Ernestina Fassio W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 8 Sonoma ☐Husband ☐Wife ☐Widow } Felix

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Harry Fassio

Address Sonoma Rt. 2 Bx. 8

Order given by ..... (or informant)

How Secured: .....

If Veteran, State War No.

Occupation At home + 546-14-4604 A (Social Security Number)

Employer and Address .....

Date of Death March 20, 1953 (Date) 11:45 P. (Hour)

Date of Birth Aug. 3, 1884

Age 68 (Years) (Months) (Days)

Date of Funeral March 23 Mon. (Date) (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman themselves (Address)

Religion of the Deceased Prod

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Carcinoma g. liver

Contributory Causes Carcinoma g. Stomach

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father ..... Marra

His Birthplace Italy

Maiden Name of Mother Carolina Bosso

Her Birthplace Italy

Motor Ship } Remains to .....

Size of Casket Grey. 2 Ch. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Com Sonoma

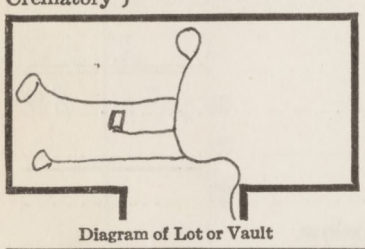

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	330 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		165
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		18
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		34
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Coping on Plot		77 50
~~Cremation~~ made by Lodgman		
Flowers, $ ..... Palms, $ ..... Matting, $ flowers		25 75
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Card & Thanks		1 00
Out of town Undertaker's Charges		
Personal Service Mona & Rev Schell		15 —
Music Guitar - Mariachi		10 —
....line Death Notices in ..... Papers		
(Names of Newspapers) Local		3 61
Sales Tax		31 07
Total Footing of Bill	$	537 93
Less 17.25 - 30 days	$	17 25
Balance	$	520 68

Entered into Ledger, page ..... or below.

Rd check # 2032

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-15-53 To	Loans By request from Louis Ivfe				To Balance Forward		
	To Above Balance				By Payment		
	By Payment				" "		
	" "				" "		
	" "			April 21 53	" " In full	520 68	
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... March 20 ..... 19..53

Name of Deceased... Peter Hansen ..... W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. Bx 12 - Vineburg ..... ☐Husband ☐Wife ☐Widow } Anna .....

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Anna Hansen .....

Address..... above .....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War [redacted] .....

Occupation Ret. Carpenter No. (Social Security Number)

Employer and Address .....

Date of Death March 20, 1953 5:30 P. (Date) (Hour)

Date of Birth. March 6, 1871 .....

Age..... 82 (Years) (Months) (Days)

Date of Funeral March 23 Mon. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel .....

Clergyman: Rev Buttrum (Address)

Religion of the Deceased Prod -

Birthplace Denmark .....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. ~~Home~~ Community Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician. G. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal .....

Name of Father Laurence Hansen .....

His Birthplace Denmark .....

Maiden Name of Mother Lena Petersen .....

Her Birthplace Denmark .....

Motor Ship } Remains to E. .....

Size of Casket 95 Gy Grey Am (State Color and Number)

Manufactured by S.F. Casket Co .....

Cemetery Crematory } Chapel of the Chimes SR .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		10 50
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		3 2 50
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Dr. Buttrum		10 —
.....		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		3 23
Total Footing of Bill	$	273 73
Less 10% - 30 days	$	10 75
Balance	$	262 98

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	May 21, 1953	Paid	$262 98	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

226

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 26 1953

Name of Deceased Mary Alice Daly ..... W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home ..... ☐Husband ☐Wife ☐Widow } .....

Charge to Dept of Mental Hygiene attn Mrs Lee L Deming or.....of } Age of Husband or Wife (if living).....Years

Address 1720-K St. Sacramento Guardian of

Order given by Percy Miller Estate (or informant)

How Secured: :.....

If Veteran, State War No

Occupation None None (Social Security Number)

Employer and Address .....

Date of Death March 26, 1953 1 P.M. (Date) (Hour)

Date of Birth June 30, 1913

Age 39 (Years) (Months) (Days)

Date of Funeral March 28 Sat 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Father Geary Eldridge (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death: Uremia

Contributory Causes Chronic Nephritis

& Myocarditis

Certifying Physician Andrew D. Kapac (or Coroner)

His Address Sonoma State Home

Name of Father William Daly

His Birthplace England

Maiden Name of Mother Allegra McCartney

Her Birthplace Colorado

Motor Ship } Remains to .....

Size of Casket 956 - Grey Arm - (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

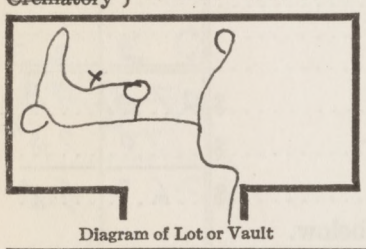

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 243	–
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		12 50
Candelabrum, $..... Candles, $		5
Door Spray, $: : ..... Gloves, $		
Funeral Car, $..... Ambulance, $		13 50
Limousines to Cemetery ..... @ $		13
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		9 50
Getting Remains from: :		4
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	–
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $..... Palms, $: : : : Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	–
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ..... Flowers	15	45
Out of town Undertaker's Charges		
Personal Service. Father Geary	10	–
:		
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax	4	18
Total Footing of Bill	$ 342	55
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4/3/53 - Statement:	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 10, 1953	" Full	$ 342 55	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 29 30 19 53

Name of Deceased Flora Violet Hoover

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 455 Sonoma ☐Husband ☐Wife ☐Widow of 46 Age of Husband or Wife (if living).....Years

Charge to: Claude Hoover

Address Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation at home (Social Security Number)

Employer and Address.....

Date of Death Mar 29 - Sun - 9:20 P. (Date) (Hour)

Date of Birth April 19, 1868

Age 84 (Years) 11 (Months) 10 (Days)

Date of Funeral April 1 - Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Terrell Sonoma (Address)

Religion of the Deceased Prod -

Birthplace Michigan

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer MD (Or Coroner)

His Address Sonoma, Cal -

Name of Father Neil McKay

His Birthplace Scotland

Maiden Name of Mother Sarah Fullerton

Her Birthplace Scotland

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by A. J. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) - Less discount	$ 371. 20
Casket	
Burial Vault ~~or Box~~ Less disc (State Kind)	140 -
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	185 60
Folding Chairs, $..... Tarpaulin, $	140
Candelabrum, $..... Candles, $	325 60 3
Door Spray, $..... Gloves, $	680
Funeral Car, $..... Ambulance, $	9 7
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $ ..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	50 -
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service. Rev Terrell	10 -
Organ - Marcucci	5 -
....line Death Notices in ..... Papers	
Local (Names of Newspapers)	3. 61
Sales Tax	9 77
Total Footing of Bill	$ 594 58
Less	$
Balance	$

...ered into Ledger, page.....or below.

Date							Date		Amount Paid		Balance	
								To Balance Forward			$	
								By Payment	$		$	
								" "	$ 594	58	$	
								" "			$	
							April 21, 53	" "			$	
								" "			$	
4-15-53		Statement		$		$		" "			$	
		" "		$		$		" "			$	

SIZE 6/6 NO. 4538 COV. 272

DESCRIPTION: Sabins of Emperor Full lined
Sr B & Bp Fringe on overlay
432-6x2- Hdls

HANDLES:

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

228

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 1 1953

Name of Deceased Leonard E. Peters W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Madrone Ave. Boyes Hot Springs ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Edward E. Peters

Address P.O. Bx. 633 - Boyes Springs

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation School Boy No. (Social Security Number)

Employer and Address.....

Date of Death April 1, 1953 5:40 P. (Date) (Hour) Found

Date of Birth March 5, 1938

Age 15 (Years) (Months) (Days)

Date of Funeral April 4, 1953 M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman:..... (Address)

Religion of the Deceased Prod.

Birthplace Texas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death: Strangulation

Contributory Causes By hanging

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Edward E. Peters

His Birthplace Texas

Maiden Name of Mother Viola Potts

Her Birthplace Texas

Motor Ship } Remains to.....

Size of Casket S.S.H. Brocade (State Color and Number)

Manufactured by: Golden State Co.

Cemetery Crematory } Mt. Cem. Sonoma

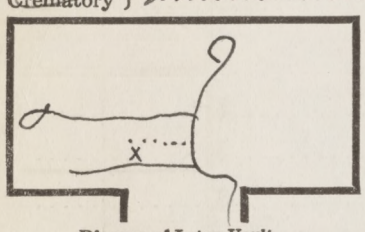

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 313	
Casket		
Burial Vault or Box (State Kind)	15 -	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit ~~or Dress~~ 13 - 14 39 (State Kind and Color)	13	39
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		15 50
Candelabrum, $ ... Candles, $		1 5
Door Spray, $ ... Gloves, $		1 3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		18 4 50 3
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		5 3 50
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5 -	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50 -	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Flowers	15	45
Out of town Undertaker's Charges		
Personal Service Minister Terrell	10 -	
Music Marcucci Jr. Jen Terrace	10 -	
... line Death Notices in ... Papers		
Local (Names of Newspapers)	3	61
Sales Tax	3	13
Total Footing of Bill	$ 440	60
Less 16 40 30 days	$ 16	40
Balance	$ 424	20

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$ 424 20	$
	" "	$	$	April 5 1953	" Joe Feil	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 3 1953

Name of Deceased Joseph C. Nunes W.

☑ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence Sonoma Ave. El Verano ☐Husband ☐Wife ☐Widow or.....of } .....

Charge to Jos. Updike - or Estate of above - Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or Informant)

How Secured.....

If Veteran, State War No.....

Occupation Farmer No. (Social Security Number)

Employer and Address.....

Date of Death April 3, 1953 (Date) 8:30 a. (Hour)

Date of Birth Nov. 16, 1870

Age 82 (Years) 4 (Months) 17 (Days)

Date of Funeral April 6, (Date) Mon. (Day of Week) 9:30 a. (Hour) M.

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Azar Island -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer (or Coroner)

His Address Sonoma, Calif.

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 75 H. Arlington med. Steel - (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Catholic Cem. Sonoma

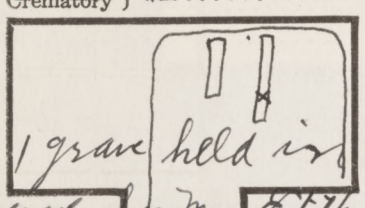

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 313	-
Casket		
Burial Vault or Box (State Kind)	150	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)	15	50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $	12	50
Candelabrum, $ ... Candles, $	3	
Door Spray, $ ... Gloves, $	1	50
Funeral Car, $ ... Ambulance, $	5	15
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $ -		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot one Grave	100	-
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... Mass	15	-
...line Death Notices in ... Papers		
... Local - (Names of Newspapers)	3	60
... Examiner	6	60
Sales Tax	5	15
Total Footing of Bill	$ 483	36
Less 16.40 - 30 days -	$ 16	40
Balance	$ 466	96

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-28-53	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 1, 53	In full	466 96	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 5 1953

Name of Deceased Margaret Mate W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 825 Sonoma Ave Santa Rosa ☐Husband ☐Wife ☐Widow

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Florence Westphall

Address 825 Sonoma Ave

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation At home n/a (Social Security Number)

Employer and Address.....

Date of Death April 5 1953 (Date) (Hour)

Date of Birth Feb 17, 1870

Age 83 (Years) (Months) (Days)

Date of Funeral April 8 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes

Clergyman.....

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		17 50
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		5 50
Candelabrum, $ ..... Candles, $		1 7
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
		4 86
		40 75
		45 —
		10 —
		5 —
Sales Tax		5 18
Total Footing of Bill	$	455 79
Less 17.25 30 days	$	17 25
Balance	$	438 54

SINCE 1895

OLIVET MEMORIAL PARK

CEMETERY – CREMATORY – COLUMBARIUM – MAUSOLEUM

Office and Memorial Park, Colma 25, California + Telephone PLaza 5-0322

Date 4/10/53

RECEIVED FROM Bates & Evans

Address Sonoma, Calif.

Forty & 45/100 Dollars ($ 40 75)

On Account of Burial Cremated Remains Margaret Mate

90-667

OLIVET MEMORIAL PARK

By J Westby

Cash Office

Check Mail

P. O. Coll.

C 19265

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
4-15-53	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$ 438 54	$
	" "	$	$	June 4, 1953	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 5 1953

Name of Deceased Emma Krenz W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 548 Sonoma ☐Husband ☐Wife ☐Widow } Rudolph

or.....of } Age of Husband or Wife (if living).....Years

Charge to Robert Krenz

Address Adobe

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation At home no. (Social Security Number)

Employer and Address.....

Date of Death April 5, 1953 4:30 P. (Date) (Hour)

Date of Birth Nov. 29, 1882

Age 70 (Years) (Months) (Days)

Date of Funeral April 7 Tue 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Van Ess (Address)

Religion of the Deceased Prod.

Birthplace San Francisco

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Res. Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Fred Dehnhardt

His Birthplace Germany

Maiden Name of Mother Anna Ludemann

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		17 50
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		5 17 50
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Flowers - 1st		15 45 —
Out of town Undertaker's Charges		
Personal Service Rev. Van Ess		10 —
..... no music		
.....line Death Notices in .....Papers		
Examiner (Names of Newspapers)		5 20
Lazarus		3 61
		5 18
Sales Tax		
Total Footing of Bill	$	429 54
Less	$	17 25
Balance	$	412 29

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$ April 17, '53		Robt Krenz	$ 412 29	$
	" "	$	$		" "		$
	" "	$	$		" "		$
	" "	$	$		" "		$
	" "	$	$		" "		$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 5 1953

Name of Deceased Margaret Mate W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 825 Sonoma Ave Santa Rosa ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Florence Westphall

Address 825 Sonoma Ave

Order given by..... (or informant)

How Secured.....

If Veteran, State War Yes

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death April 5 1953 (Date) (Hour)

Date of Birth Feb 17, 1870

Age 83 (Years) (Months) (Days)

Date of Funeral April 8 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes

Clergyman..... (Address)

...gion of the Deceased Prod.

...hplace Scotland

...ided in the State..... (or U. S. or City or County) (Years) (Months)

...e of Death General Hospital

...se of Death.....

...tributory Causes.....

.....

...tifying Physician..... Luke M.D. (or Coroner)

Address Santa Rosa, Cal.

...ne of Father Melvin McMillan

Birthplace Scotland

...den Name of Mother Watson

Birthplace Scotland

...or } Remains to.....

...of Casket..... (State Color and Number)

...nufactured by.....

...etery ...atory Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		17 50
Slippers, $ ... Hose, $		3
Folding Chairs, $ ... Tarpaulin, $		17 50
Candelabrum, $ ... Candles, $		5 17
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax Packing & Shipping Ashes & permit	$	4 86
Outlay for Lot. Plastic Urn, & Burial		40 75
Cremation Mt. Olivet		45 —
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Monuster		10 —
...line Death Notices in ... Papers		
Democrat (Names of Newspapers)		5 —
Sales Tax		5 18
Total Footing of Bill	$	455 79
Less 17.25 30 days	$	17 25
Balance	$	438 54

Entered into Ledger, page ... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
4-15-53	Statement	To Above Balance			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$		June 4, 1953		" " Jeill	$ 438	54	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.... Yearly No.... Date of Entry April 5 1953

Name of Deceased Emma Krenz W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 548 Sonoma ☐Husband ☐Wife ☐Widow of Rudolph

Charge to Robert Krenz Age of Husband or Wife (if living)....Years

Address Adams

Order given by.... (or informant)

How Secured....

If Veteran, State War....

Occupation at home no. (Social Security Number)

Employer and Address....

Date of Death April 5, 1953 4:30 P. (Date) (Hour)

Date of Birth Nov. 29, 1882

Age 70 (Years) (Months) (Days)

Date of Funeral April 7 Tue. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Van Ess (Address)

Religion of the Deceased Prod.

Birthplace San Francisco

Resided in the State.... (or U. S. or City or County) (Years) (Months)

Place of Death Ho. Home

Cause of Death....

Contributory Causes....

....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Fred Dehnhardt

His Birthplace Germany

Maiden Name of Mother Anna Ludemann

Her Birthplace Germany

Motor Ship } Remains to....

Size of Casket (State Color and Number)

Manufactured by....

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No....

Grave No....

Section No....

Block No....

Owner....

Complete Funeral (except outlays)	$ 345	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		17 50
Dressing Body, $.... Underwear, $....		3
Suit or Dress (State Kind and Color)		50
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
Door Spray, $.... Gloves, $....		
Funeral Car, $.... Ambulance, $....		
Limousines to Cemetery .... @ $....		
Extra Limousines .... @ $....		
Autos to R. R. Station .... @ $....		
Getting Remains from....		
Taking Remains to....		
Trip to Coroner's Inquest		
Delivering Box to....		
Deliver Flowers to....		
Removal Charges....		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax	$	
Outlay for Lot....		
Cremation....	45	—
Flowers, $.... Palms, $.... Matting, $....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb....		
Lining Grave, $.... Lowering Device, $....		
Outlay for Shipping Charges....		
Clergyman, $.... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $.... Aeroplane } Service, $....		
Telegr., Phone, Cable or Radio Charges....		
Cash Advanced Flowers - Lt	15	45 —
Out of town Undertaker's Charges....		
Personal Service. Rev. Van Ess....	10	—
....: no music....		
....line Death Notices in .... Papers		
....Examiner (Names of Newspapers)	5	30
....Local	3	61
....		
Sales Tax....	5	18
Total Footing of Bill	$ 429	54
Less....	$ 17	25
Balance....	$ 412	29

Entered into Ledger, page.... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance....		$....		To Balance Forward....		$....
	By Payment....	$....	$....		By Payment....	$....	$....
	" "	$....	$....	Apl 17 53	Robt Krenz	$ 412 29	$....
	" "	$....	$....		" "	$....	$....
	" "	$....	$....		" "	$....	$....
	" "	$....	$....		" "	$....	$....
	" "	$....	$....		" "	$....	$....
	" "	$....	$....		" "	$....	$....

Insurance $.... Names of Lodges.... Insurance Companies....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.... days from date. Interest to accrue from maturity at the rate of....% per annum.

Signed....

Witness.... Address....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 1953

Name of Deceased Agnes V. Revie

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Riverside Dr. Et Verano ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Earl Revie

Address P.O. Box 989 Sonoma

Order given by Above (or informant)

How Secured

If Veteran, State War No.

Occupation Sales lady 545-10-1010 (Social Security Number)

Employer and Address Bakery

Date of Death April 7, 1953 (Date) 3 P. (Hour)

Date of Birth May 2 1897

Age 55 (Years) 10 (Months) 16 (Days)

Date of Funeral April 10 - Fri (Date) (Day of Week) 10:30 AM. (Hour)

Services at Chapel

Clergyman Rev. Morrell - Rebecca Lodge (Address)

Religion of the Deceased Prod.

Birthplace Sonoma Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif.

Name of Father Joseph Revie

His Birthplace Scotland

Maiden Name of Mother Mary Watt

Her Birthplace Scotland

Motor Ship } Remains to

Size of Casket 4538 Cov 272 (State Color and Number)

Manufactured by J.J. Casket Co.

Cemetery Crematory } D.N.T. Cemetery Sonoma

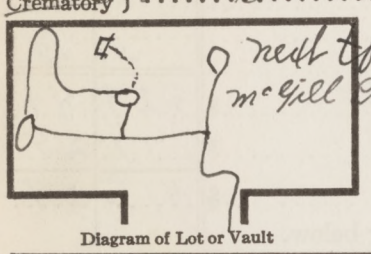

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 449	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		22.50 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		239.50 3
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		7.1850
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Morrell	10	—
line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)	5	—
Local	3	61
Sales Tax	7	19
Total Footing of Bill	$ 544	80
Less 23. 20 - 30. days	$ 23	20
Balance	$ 521	60

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment	$	$
April 21 53	Jas Hull	$ 521 60	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

SIZE 6/6 No. 4538 Cov. 272

DESCRIPTION: Sabina of Embassy Full lined Sr B & Bp

HANDLES: ~~652~~ 6x2 - Hdls

1313

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 19 53

Name of Deceased Paul Joseph Shelton W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 705 - 3rd St. West Sonoma ☐Husband ☐Wife ☐Widow } .....

or..... of } Age of Husband or Wife (if living).....Years

Charge to: William A. Shelton

Address...Adobe.....

Order given by.....
(or informant)

How Secured.....

If Veteran, State War.....

Occupation ...none.....
(Social Security Number)

Employer and Address.....

Date of Death Aforesaid
(Date) (Hour)

Date of Birth. April 7, 1953

Age.....
(Years) (Months) (Days)

Date of Funeral April 9 Thurs - 1:30 P.M.
(Date) (Day of Week) (Hour)

Services at Graveside

Clergyman Priest
(Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death 2 days before Birth

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert F. Mellenhauer M.D.
(or Coroner)

His Address Sonoma, Cal

Name of Father William A. Shelton

His Birthplace Calif

Maiden Name of Mother Emily Bradley

Her Birthplace New Jersey

Motor / Ship } Remains to.....

Size of Casket 2/g - White Samt # 50

Manufactured by Golden State C. Co
(State Color and Number)

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) Cost of Casket no charge for Services	$	15 -
Casket Box		10 -
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		
Suit or Dress (State Kind and Color)		7.50
Slippers, $.....Hose, $		10
Folding Chairs, $.....Tarpaulin, $		17.50
Candelabrum, $.....Candles, $		
Door Spray, $.....Gloves, $		5.25
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Grave		20 -
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb		8 -
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Priest at Grave		5 -
....line Death Notices in.....Papers (Names of Newspapers)		
		53
Sales Tax		53
Total Footing of Bill	$	58 53
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 8, 53	In full	$ 58 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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Bill Malchow - Valencia 48260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 14 1953

Name of Deceased Werner F. Malchow M
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Buena Vista Road ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Estate

Address.....

Order given by William Malchow (or informant)

How Secured 327 - Bettencourt St. Sonoma

If Veteran, State War No.

Occupation Carpenter + 545-01-0702 (Social Security Number)

Employer and Address.....

Date of Death April 13, 53 (Date) 8:15 PM (Hour)

Date of Birth April 23, 1903

Age 50 (Years) (Months) (Days)

Date of Funeral April 16 - Thurs (Date) (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Rev Davis (Address)

Religion of the Deceased Episcopal

Birthplace Germany

Resided in the State 24 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Com. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews (or Coroner)

His Address Sonoma

Name of Father Fritz F. Malchow

His Birthplace Germany

Maiden Name of Mother Louisa Ritzlaff

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket 6/6 #1526 H.P. Steel Rutland (State Color and Number)

Manufactured by Sutter Casket Co

Cemetery ~~Crematory~~ } Mt. Cemetery Sonoma, Cal

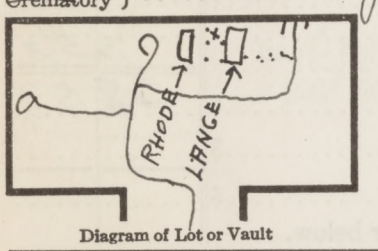

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 415	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress Shirt (State Kind and Color)	2	75
Slippers, $..... Hose, $ 1x		68
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		20 50
Door Spray, $..... Gloves, $		15
Funeral Car, $..... Ambulance, $		27 50
Limousines to Cemetery ..... @ $		27 50
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		7 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit 5 - Pd - but omitted from bill by mistake (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music - themselves		
Rev Howard Davis	10	-
.....line Death Notices in..... Papers		
Index Tribune (Names of Newspapers)	3	61
Sales Tax	6	68
Total Footing of Bill	$ 503	12
Less 21.50 - 30 days	$ 1	
Balance CC	$ 504	12

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 11, 1953	on acct	$ 100 -	$
	" "	$	$	June 4	" " "	$ 50 -	$
	" "	$	$		Jos Feineman	$ 354 12	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry ..... April 13 1953

Name of Deceased ..... Frank Martin Hickey ..... M.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 212 Main St. Sayre, Beckham Co. Oklahoma ☒Husband ☐Wife ☐Widow } or ..... of } (What Race) Annie Bell

Age of Husband or Wife (if living) ..... Years

Charge to: Luther Hickey

Address 2908 - Redwood Hiway S. Santa Rosa

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation Farmer retired (Social Security Number)

Employer and Address .....

Date of Death 4-13-53 (Date) 8:50 P.M. (Hour)

Date of Birth Oct 5, 1873

Age 79 (Years) (Months) (Days)

Date of Funeral ..... (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev Peter Van Es (Address)

Religion of the Deceased Prod

Birthplace Sparta Tenn.

Resided in the State 6 wks (or U. S. or City or County) (Years) (Months)

Place of Death 5th St. West Sonoma

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Mollenhauer (or Coroner)

His Address Sonoma

Name of Father James Hickey

His Birthplace .....

Maiden Name of Mother Martha Whittaker

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket 6/6 #1526 H.P. steel Rutland (State Color and Number)

Manufactured by Butler Casket Co

Cemetery Crematory } Mt. Cemetery Sonoma

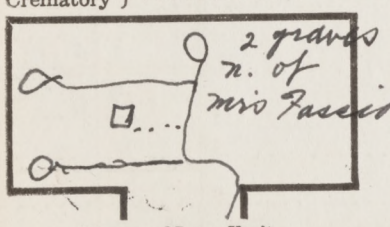

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 415	
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)	10	82
Slippers, $ ..... Hose, $		20 750
Folding Chairs, $ ..... Tarpaulin, $		15 —
Candelabrum, $ ..... Candles, $		1 50
Door Spray, $ ..... Gloves, $		23 3 00
Funeral Car, $ ..... Ambulance, $		6 99
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ... Mt Cem (State Number and District)	5	—
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... 2 ..... Posts	4	—
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev Peter Van Es	10	—
...line Death Notices in Democrat Papers	5	—
marcucci + Jen Papers (Names of Newspapers)	10	—
Sales Tax	6	68
Total Footing of Bill	$ 531	50
Less 21.50 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
10-26-53	Supplement to Luther +		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
April 17, 53	Luther Hickey	$ 310 —	$
May 21 53	Bill Martindale	$ 50	$
June 3, 53	Mrs Nettie Frank	$ 50 —	$
July 7 53	on acct Martindale	$ 50 —	$
Oct. 27, 1953	Martindale	$ 11 50	$
Nov 17, 1953	Luther -	$ 25 —	$
June 8, 1954	- Martindale	10 —	
June 12, 54	Bob Hickey	25	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 4 1953

Name of Deceased Philip Charles Weber W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence:.....

☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Silvershield Pub. ad

Address Santa Rosa, Calif.

Order given by.....
(or informant)

How Secured.....

If Veteran, State War Unk.

Occupation Unk.
(Social Security Number)

Employer and Address.....

Date of Death April 4, 1953 1:15 P.
(Date) (Hour)

Date of Birth Dec 10, 1892

Age 60
(Years) (Months) (Days)

Date of Funeral.....M.
(Date) (Day of Week) (Hour)

Services at ~~Chapel~~ Graveside

Clergyman Rev. Ferrel
(Address)

Religion of the Deceased Prod.

Birthplace Unk.

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Manteca, Calif.

Cause of Death Myocardial infarct.

Contributory Causes Arteriosclerotic heart disease.

Certifying Physician Harry J. Schneider M.D.
(or Coroner)

His Address Stockton, Calif. Court House

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket #80 Flat slip Cap Am. Steel
(State Color and Number)

Manufactured by: U. S. Steel

Cemetery Crematory } Valley Cemetery

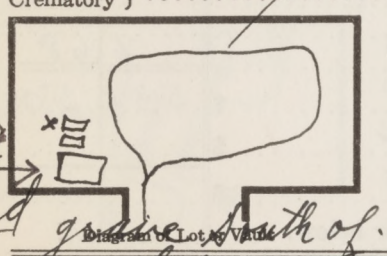

Diagram of Lot as Viewed

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 120	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		60
Dressing Body, $..... Underwear, $		1.80
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ .... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		30 -
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in..... Papers (Names of Newspapers)		
Minister Rev. Ferrel		5 -
Sales Tax		2 03
Total Footing of Bill	$	182 03
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5-25-53	To Above Balance Statement to Silvershield	$	$	7-6	To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 16 1953

Name of Deceased Harry Woodrow Wilson W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: none ☐Husband ☐Wife ☐Widow } .....
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Harry W. Wilson

Address P.O. Box 13 Sonoma Boyes Springs

Order given by ".." (or informant)

How Secured:

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death April 16, 53 (Date) (Hour)

Date of Birth 11 4 4

Age 48 years (Years) (Months) (Days)

Date of Funeral 4/18/53 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at: Chapel

Clergyman Rev.

Religion of the Decease

Birthplace Co. Ha

Resided in the State

Place of Death Co. J

Cause of Death

Contributory Causes

Vomiting

Certifying Physician

His Address:

Name of Father Ha

His Birthplace

Maiden Name of Moth

Her Birthplace

Motor Ship } Remains to

Size of Casket

Manufactured by

Cemetery Crematory } M

Harry

Batte van

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 30	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		15
Dressing Body, $ ..... Underwear, $		45
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
	5	—
te Number and District)		
rtificates No.		
Physician's or Coroner's)		
se of Chapel, $		
$		
Matting, $		
porary Vault, $		
	12	—
ring Device, $		
s		
Organist, $		
Aero-plane Service, $		
io Charges		
harges		
Papers		
pers)		
		45
2	$ 47	45
otos	$ 5	
Balance	$ 52	45

Wm. F. Palmer
THE CHAMPION COMPANY, SPRINGFIELD, OHIO

HOME ADDRESS
1730 "O" St., Apt. "E"
SACRAMENTO, CALIF.

PACIFIC COAST BRANCH
610 16th St.
OAKLAND 12, CALIF.
Tel. Highgate 4-3870

Will start payments of $10.00 on or about Sept 20th
C.L.E.

11-22-54 Letter -

1878 — OUR 75TH ANNIVERSARY — 1953

Owner..... Entered into Ledger, page.....or below.

1st grave S. of Harry Bowman

Date			Amount Paid	Balance	Date		Amount Paid	Balance
		To Above Balance	$	$		To Balance Forward	$	$
5-18-53	Statement	By Payment	$	$		By Payment	$	$
8-7-53		" 1 "	$	$	July 30, 1953	on acct	$ 1 00	$
12-2-53	Letter	"	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry April 4 19 53

Name of Deceased Philip Charles Weber .... W. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: .... ☐Husband☐Wife☐Widow or .... of } .... Age of Husband or Wife (if living) .... Years

Charge to: Vernon Silvershield Pub ad.

Address Santa Rosa, Calif.

Order given by .... (or informant)

How Secured ....

If Veteran, State War F. Unk.

Occupation Unk. .... (Social Security Number)

Employer and Address ——

Date of Death April 4, 1953 (Date) 1:15 P. (Hour)

Date of Birth Dec 10, 1892

Age 80 (Years) .... (Months) .... (Days)

Date of Funeral .... (Date) .... (Day of Week) .... (Hour) .... M.

Services at ~~Chapel~~ Grave...

Clergyman Rev. Ferrel...

Religion of the Deceased Pro...

Birthplace Unk.

Resided in the State .... (or U. S. or City or...

Place of Death Manteca, C...

Cause of Death Myocardial...

Contributory Causes Arteriosc... disease.

Certifying Physician Harry J. Sc... (or C...

His Address Stockton, Calif.

Name of Father ....

His Birthplace ——

Maiden Name of Mother ——

Her Birthplace ——

Motor / Ship } Remains to ....

Size of Casket #80 Flat sl... (State Color...

Manufactured by G. state C...

Cemetery / Crematory } Valley Cemete...

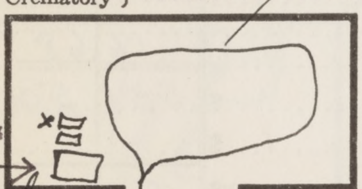

Diagram of Lot or Vault

2nd grave South of Kerner plot.

Lot N... Grave... Sectio... Block No. .... Owner ....

Complete Funeral (except outlays) $	120 –
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ .... Hair Dressing, $	
Dressing Body, $ .... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ .... Hose, $	
Folding Chairs, $ .... Tarpaulin, $	
Candelabrum, $ .... Candles, $	
Door Spray, $ .... Gloves, $	
Funeral Car, $ .... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines .... @ $	
Autos to R. R. Station @ $	
...trict)	
...er's) $	
$	
$	25 –
	30 –
	5 –
	2 03
$	182 03
Less $	
Balance $	

60 / 3 / 1.80

Entered into Ledger, page ...... or below.

Date			Amount Paid	Balance
5-25-53		Statement to Silvershield		
		To Above Balance		$
		By Payment	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$
		" "	$	$

Paid Feb 7-61

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

To Mrs Jewell Evans Gordon

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 16 1953

Name of Deceased Harry Woodrow Wilson W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: none ☐Husband ☐Wife ☐Widow
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Harry W. Wilson

Address P.O. Box 13 Sonoma Boyes Springs

Order given by " "
(or informant)

How Secured:

If Veteran, State War

Occupation none
(Social Security Number)

Employer and Address

Date of Death April 16, 53
(Date) (Hour)

Date of Birth 11 4 4

Age 0 0 0
(Years) (Months) (Days)

Date of Funeral 4/18/53 Sat 2 P.M.
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Rev. Wm. F. McMurdie
(Address)

Religion of the Deceased Prot.

Birthplace Co. Hos' Santa Rosa

Resided in the State —
(or U. S. or City or County) (Years) (Months)

Place of Death Co. Hos' S. Rosa

Cause of Death Tuberculosis

Contributory Causes Pernicious Vomiting of Pregnancy

Certifying Physician
(or Coroner)

His Address:

Name of Father Harry W. Wilson

His Birthplace Penn.

Maiden Name of Mother Alvina Stutz

Her Birthplace —

Motor Ship } Remains to

Size of Casket # 2/0 White Linbrkan
(State Color and Number).

Manufactured by G.S. C. Co.

Cemetery Crematory } Mt. Sonoma

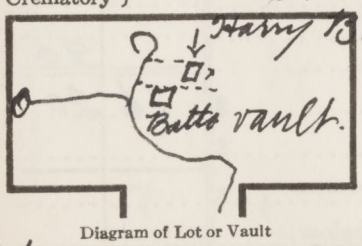

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 30	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		15
Dressing Body, $ Underwear, $		45
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	12	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers)		
		45
Sales Tax		
Total Footing of Bill	$ 47	45
Less Photos	$ 5	
Balance	$ 52	45

Entered into Ledger, page or below.

1st grave S. of Harry Bowman

Date			Amount Paid	Balance	Date		Amount Paid	Balance
		To Above Balance		$		To Balance Forward		$
5-18-53	Statement	By Payment	$	$		By Payment	$	$
8-7-53		" 1 "	$	$	July 30, 1953	on acct	$ 1 00	$
12-2-53	Letter	"	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$
		" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 22 1953

Name of Deceased Frederick Albrecht W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 10 Miles East Sonoma
☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Delversachield

Address Santa Rosa, Calif.

Order given by..... (or informant)

How Secured:

If Veteran, State War Unknown

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death April 22, 1953 (Date) (Hour)

Date of Birth Aug. 25, 1861

Age 91 (Years) (Months) (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at: Chapel

Clergyman: (Address)

Religion of the Deceased Prod

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital S.R.

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease Generalized Arteriosclerosis

Certifying Physician Burleigh Kammerer M.D. (or Coroner)

His Address County Hospital

Name of Father Chas. Albrecht

His Birthplace Germany

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by:

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	60 30
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		3.0 15 3
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		90 45
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		15
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in .....Papers (Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$	76 20
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
5-29-53	Claim to County Auditor		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 20, 1953	" Full	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 24 1953

Name of Deceased John Emil Oberg

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Vineburg, Cal. ☐Husband ☐Wife ☐Widow

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Karl D. Herdin

Address 1st St. West

Order given by..... (or informant)

How Secured:

If Veteran, State War Spanish American

Occupation Ret. Rancher (Social Security Number)

Employer and Address

Date of Death April 24 1953 10:55 P. (Date) (Hour)

Date of Birth Oct. 22, 1877

Age 75 (Years) (Months) (Days)

Date of Funeral April 28 Tue. 11 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Masonic (Address)

Religion of the Deceased Prod.

Birthplace Wisconsin

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Veterans Home

Cause of Death Brights disease chr.

Contributory Causes Anemia

Hypertension Arterial

Certifying Physician A. E. Perry M.D. (or Coroner)

His Address Veteran's Home

Name of Father August Oberg

His Birthplace Wisconsin

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket 1909 - Cor. 87 - H.P. (State Color and Number)

Manufactured by S.F. Casket Co. - S.F.

Cemetery Crematory } Golden Gate National Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 473	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		236 50 15
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		25 15 3
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		7 54 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... Flowers	10	30
Out of town Undertaker's Charges		
Personal Service		
Music - Marcucci - Dunbar	10	-
... line Death Notices in ... Papers		
... Local - (Names of Newspapers)	3	61
Sales Tax	7	55
Total Footing of Bill	$ 519	46
Less 24.40 - 30 days	$ 24	40
Balance	$ 495 -	06

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
5/5/53	Filed With Govt.		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
May 22, 1953	" "	$ 345 06	$
	" "	$	$
June 16, 1953	By Govt. "	$ 150 -	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 2. 1953

Name of Deceased Claudia Lee Wilson W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 3080 Vichy Ave. Napa, Cal. ☐Husband ☐Wife ☐Widow of Harrison A.

Charge to Mrs. Ada M. Hickey

Address 384 Madrone St. Vallejo

Order given by 1.00 per month (or informant)

How Secured:

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death May 2, 1953 (Date) 2 P.M. (Hour)

Date of Birth March 22, 1889

Age 64 (Years) (Months) (Days)

Date of Funeral May 5, Tue. 2 P.M. (Date) (Day of Week) (Hour)

Services at Baptist Church Napa

Clergyman Rev. Van de Veere Napa (Address)

Religion of the Deceased Prod.

Birthplace North Carolina

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 3080 Vichy Ave Napa

Cause of Death:

Contributory Causes.....

.....

Certifying Physician (or Coroner)

His Address.....

Name of Father Johnse Coleman

His Birthplace N. Carolina

Maiden Name of Mother Sarah Berger

Her Birthplace:

Motor / Ship } Remains to.....

Size of Casket 9405 - Grey Doe - (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory D. of t. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

258 Courtesy disc 2580 Complete Funeral (except outlays)	$	232 20
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ... Panty 75 Hose 1.00 (State Kind and Color)		1 80
Slippers, $ ..... Hose, $ 34 05		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		116.10
Door Spray, $ ..... Gloves, $		92.5
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		13.33
Extra Limousines ..... @ $		12.5
Autos to R. R. Station ..... @ $		
Getting Remains from:		16.05
Taking Remains to		3.-
Trip to Coroner's Inquest 4 23		
Delivering Box to		
Deliver Flowers to 1.50		1.73
Removal Charges ..... Flowers		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Minister Honoraria:		
Music /		
....line Death Notices in ..... Papers Chronicle		5 00
Democrat: (Names of Newspapers)		3 00
Napa Register		3 00
Vallejo Times Herald		3 00
Sales Tax		3 48
Total Footing of Bill	$	256 21
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

AT REST

WILSON—In Napa, May 2, 1953. CLAUDIA LEE WILSON, dearly beloved wife of Harrison A. Wilson of Napa; loving mother, Mrs. Chessie Smith of Tennessee; Mrs. Ada M. Hickey of Vallejo; Thomas M. Wilson of Healdsburg; Mrs. Winifred Andrews, Lloyd E. and Earl E. Wilson of Napa; Harold R. and R. T. Wilson of Texas.

Also leaving seventeen grandchildren, seven great grandchildren.

A native of North Carolina, age 64.

Friends are invited to attend funeral services Tuesday, May 5, at 2 o'clock at the BAPTIST CHURCH, Silverado Trail at First St., Napa, California. The Reverend Vander Veur officiating.

Interment, I.W.O.F. Lawn Cemetery, Santa Rosa, California.

TH-1-M-5

	Amount Paid	Balance	Date		Amount Paid	Balance
nce 5-4-53 Statement		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	May 6, 1953	on Acct	$ 40 -	$
	$	$		" on " acct	$ 40	$
	$	$	June 10, 1953	" " "	$	$
	$	$	Sept. 4	on acct	$ 20 -	$
	$	$	Oct. 23	" " "	$ 20	$
	$	$	Dec. 28	" " "	$ 25 -	$
			Feb 28	" " "	$ 25 -	
Names of Lodges			April 25	Insurance Companies	$ 25 -	
					$ 256 21	

eral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within June 17, 1954 days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness.....

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 5 1953

Name of Deceased Mina Widmer W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence McArthur St. Sonoma ☐Husband ☐Wife ☐Widow of Theodore

Charge to Jack Widmer Age of Husband or Wife (if living)..... Years

Address P.O. Box 519 - Hollister, Cal

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation At home no (Social Security Number)

Employer and Address

Date of Death May 5 - Tue - 2:53 P. (Date) (Hour)

Date of Birth Nov. 26 -

Age About 76 - (Years) (Months) (Days)

Date of Funeral May 5 - Tue 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel -

Clergyman: (Address)

Religion of the Deceased Prod -

Birthplace Australia

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Michael M. Mikita M.D. (or Coroner)

His Address Bayes - Springs -

Name of Father Claus Back

His Birthplace Holland

Maiden Name of Mother — Datler

Her Birthplace

Motor Ship } Remains to

Size of Casket #.95. H. W.P. (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	328 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		1.64
Dressing Body, $ ... Underwear, $		4.92
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District) Certif. Copies of Death Certificates No. 1 (State Physician's or Coroner's)		1 -
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 - 50
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Dr. Bullpen		10 -
San Rafael, Independent		2 80
... line Death Notices in ... Papers		2 50
Examiner		5 04
(Names of Newspapers) Chronicle		4 80
Call Bulletin		4 28
Sales Tax		4 92
Total Footing of Bill	$	408 84
Less 16.40 - 30 days	$	16 40
Balance	$	392 44

Entered into Ledger, page ..... or below.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
5-15-53									To Balance Forward				
									By Payment				
		" "							" "				
		" "					June 10		953 "	392	44		
		" "							" "				
		" "							" "				
		" "							" "				
		" "							" "				

c/c + Bill mailed to Bertha Widmer 60 Parker ave apt 203 S.F.

WIDMER—In Sonoma, Calif., May 5, 1953, Mina Widmer, wife of the late Theodore Widmer, beloved mother of Jack Widmer of Hollister and Bertha Widmer of San Francisco, adored grandmother of Caroline Widmer of Hollister; a native of Australia.
Private funeral services were conducted Tuesday, May 5, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN - St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 9 1953

Name of Deceased Vincent Joseph Frick W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Comstock & Cherry Sts Sonoma Vista ☐ Husband ☐ Wife ☐ Widow

Charge to Am. American Trust Co.

or..... of } Age of Husband or Wife (if living)..... Years

Address Sonoma

Order given by Mary Sawyer (or informant)

How Secured Kenwood

If Veteran, State War No.

Occupation Gardener No. (Social Security Number)

Employer and Address Ret.

Date of Death May 9 (Date) Found (Hour) 1 P.M.

Date of Birth June 21 1878

Age 74 (Years) 10 (Months) 16 (Days)

Date of Funeral May 11 (Date) Mon. (Day of Week) 9:30 (Hour) A.M.

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor / Ship } Remains to

Size of Casket Sutter (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 415	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Shirt 2.75 24.08 (State Kind and Color)	2	83
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		20.50
Door Spray, $ ... Gloves, $		1.50
Funeral Car, $ ... Ambulance, $		2.75
Limousines to Cemetery ... @ $		2.75
Extra Limousines ... @ $		2.75
Autos to R. R. Station ... @ $		2.75
Getting Remains from		6.75
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to 25.75 Flowers		
Removal Charges Filed by Dorothy		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax ... $		
Outlay for Lot. Grave 100.00		
Cremation. Filed By Herrs		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	-
... line Death Notices in ... Papers		
Democrat (Names of Newspapers)	5	00
Examiner	7	14
Sales Tax	6	68
Total Footing of Bill ... $	491	65
Less 23.50 - 30 days ... $		
Balance ... $		

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance
			$
		$	$
		$	$
		$	$
		$	$
		$	$
5-25-53	" Filed ARH	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$ 491 65	$
Aug 24 1953	" full	$	$
	" "	$	$
	" "	$	$
	" "	$	$

FRICK—In Sonoma Vista, Calif., May 8, 1953. Vincent Frick, beloved brother of George Frick of Santa Cruz; a native of Germany, aged 78 years, a member of Sonoma Bear Flag Tribe No. 293 U.O.R.M. and Sonoma Lodge Od. H. S.

Friends are invited to attend the funeral services Monday, May 11, at 9 a. m. under the auspices of Sonoma Lodge Od. H. S., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30. Interment Catholic Cemetery, Sonoma. Rosary Sunday evening 8 o'clock.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 11 19 53

Name of Deceased Gary Francis Schwarz (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Box 329 Sonoma ☐ Husband ☐ Wife ☐ Widow

Charge to: Mrs. Johanna Schwarz or.....of

Address: above Age of Husband or Wife (if living).....Years

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation None (Social Security Number)

Employer and Address.....

Date of Death May 11, 1953 (Date) (Hour)

Date of Birth July 2, 1941

Age 11 (Years) (Months) (Days)

Date of Funeral May 16 - Sat. 10 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis Church (Address)

Clergyman:.....

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father Fred Joseph Schwarz

His Birthplace Germany

Maiden Name of Mother Johanna J. Lachele

Her Birthplace Cal.

Motor Ship } Remains to.....

Size of Casket # 5P - 5/0 - White Lamb (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Catholic Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 145	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		72 50
Slippers, $ ... Hose, $		1 5
Folding Chairs, $ ... Tarpaulin, $		8 75 3
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		2 62 50
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	—
line Death Notices in ... Papers		
Local	3	61
(Names of Newspapers) Examiner	9	66
Sales Tax	2	53
Total Footing of Bill	$ 21	80
Less 8 00 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

SCHWARZ—In Santa Rosa, Calif., May 11, 1953, Gary Francis Schwarz, adored son of Mrs. Johanna Schwarz and the late Fred Schwarz, beloved brother of Otto Schwarz of San Francisco, Melvin, Thomas, Jack, Keith, Carol Ann, Nancy Schwarz, Mrs. Gloria Harmon and Mrs. Elsie Wicks of Sonoma, Claude Schwarz, A. E. 2 U. S. Navy, Seattle, Robert Schwarz, G. M. S. N. U. S. Navy, and the late Claude and Katherine Schwarz; a native of San Francisco, aged 11 years.

Friends are invited to attend the funeral services Saturday, May 16, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma.

		Amount Paid		Balance		Date		Amount Paid		Balance	
				$			To Balance Forward			$	
		$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
5-25-53	Statement	$		$			" "	$		$	
8-7-53	" 11 " 11	$		$			" "	$		$	
10-26-53	Letter	$		$			" "	$		$	
6-14-54	Telephoned Claude	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 14 1953

Name of Deceased Alonzo E. Powell W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Arnold Drive at Oak, El Verano ☐Husband ☒Wife ☐Widow } Tilda

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Marjorie Roach

Address Westport Cal.

Order given by " "
(or informant)

How Secured:

If Veteran, State War none

Occupation Retired Timber Faller 567-01-8398
(Social Security Number)

Employer and Address

Date of Death May 14, 53 12:30 P.M.
(Date) (Hour)

Date of Birth Nov. 3, 1878

Age 74
(Years) (Months) (Days)

Date of Funeral 5/18/53 Mon. 1 P.M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Sonoma Lodge #28 I.O.O.F.
(Address)

Religion of the Deceased Prod.

Birthplace Mendocino City Calif.

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Com. Hospital

Cause of Death:

Contributory Causes

Certifying Physician V. Silvershield
(or Coroner)

His Address Santa Rosa

Name of Father James Powell

His Birthplace

Maiden Name of Mother Judd

Her Birthplace:

Motor Ship } Remains to

Size of Casket 6/3 #95 H.
(State Color and Number)

Manufactured by: Golden State Co. Co.

Cemetery Crematory } Mt. Cemetery

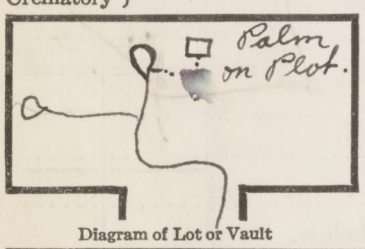

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	
Casket		313 —
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		15 50
Folding Chairs, $ ... Tarpaulin, $		15
Candelabrum, $ ... Candles, $		17 50
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		57 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Posts		4 —
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organ only Paul Marcucci		5 —
...line Death Notices in ... Papers		
Democrat (Names of Newspapers)		5 —
Sales Tax		5 15
Total Footing of Bill	$	397 15
Less 16.40 30 days	$	16 40
Balance	$	380 75

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 17 53	John L. Potter	$380 75	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 17 1953

Name of Deceased Joe Smith M.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Hyde Rd. at Knob Hill ☐Husband ☐Wife ☐Widow

Charge to: Georgia Smith or Son Floyd. or..... of } Age of Husband or Wife (if living).....Years

Address... Rt. 2 Box 201 Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation... Junk Dealer — (Social Security Number)

Employer and Address.....

Date of Death.. May 17, 53 (Date) 4 P.M. (Hour)

Date of Birth.. Mch 1, 1885

Age..... 68 (Years) (Months) (Days)

Date of Funeral 5/20/53 (Date) Wed (Day of Week) 2:30 P.M. (Hour)

Services at..... Chapel

Clergyman.. Rev Peter Van Ess (Address)

Religion of the Deceased.... Prod

Birthplace.... La Grande Oregon

Resided in the State.. Sonoma 1 2 yrs (or U. S. or City or County) (Years) (Months)

Place of Death. Hyde Rd. at Knob Hill

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician. A. M. Grath (or Coroner)

His Address... Sonoma

Name of Father... Joseph Smith

His Birthplace..... Germany

Maiden Name of Mother.. Jane Higgins

Her Birthplace..... Iowa

Motor Ship } Remains to.....

Size of Casket.. 6/3 #95 H.P.X Drey Doe (State Color and Number)

Manufactured by..... S-F C. Co.

Cemetery Crematory } Mt. Cemetery

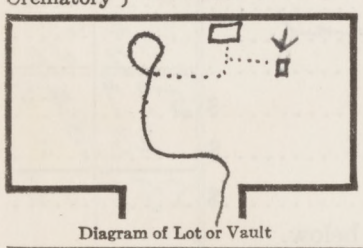

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 333	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		16 50 / 15
Suit or Dress (State Kind and Color)		15 50 / 3
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		4 50
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Single Grave		
Cremation.....		
Flowers, $ Casket Spray Matting, $	25	75
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ X Singers, $ Organist, Sec	10	—
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organ S. Marcucci	5	—
line Death Notices in Petal Papers	3	61
(Names of Newspapers)		
Sales Tax	5	45
Total Footing of Bill	$ 452	81
Less 1% 40 - 30 days	$ 17	40
Balance	$ 435	41

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 23, 1953	"	$	$
	" J. M. Full	$ 435 41	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

246

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 19 19 53

Name of Deceased Mildred C. Polidori W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Railroad Ave Boyes Springs ☐Husband ☐Wife ☐Widow of ..... Thomas

Age of Husband or Wife (if living)..... Years

Charge to Thomas Polidori

Address Adobe

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Secretary no (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May 19, 1953 (Date) 1:40 A (Hour)

Date of Birth Nov 17, 1907

Age 45 (Years) 6 (Months) 2 (Days)

Date of Funeral May 21 (Date) Thurs (Day of Week) 11 A.M. (Hour)

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion of the Deceased Prod

Birthplace Sonoma Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma Calif

Name of Father Nels Peter Olsen

His Birthplace Sweden

Maiden Name of Mother Annie Johnson

Her Birthplace Sweden

Motor Ship } Remains to

Size of Casket 48 x 20½ Orched (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery ~~Crematory~~ } Mt Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	464	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 17.00 ... 14 (State Kind and Color)	17	51
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		23
Door Spray, $ ... Gloves, $		15
Funeral Car, $ ... Ambulance, $		17
Limousines to Cemetery ... @ $		26 4
Extra Limousines ... @ $		26 3
Autos to R. R. Station ... @ $		7 92
Getting Remains from		7
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Dr. Buttrum	10	-
... No music		
... line Death Notices in ... Papers		
S.F. Examiner (Names of Newspapers)	6	92
Posted Local	3	61
Sales Tax	7	41
Total Footing of Bill	$ 579	45
Less 23.95 30 days	$ 23	95
Balance	$ 555	50

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	POLIDORI—In Sonoma, Calif., May 19, 1953, Mildred C. Polidori, dearly beloved wife of Thomas Polidori of Boyes Hot Springs, beloved mother of Thomas F. and Michelette A. Polidori, loving sister of Walter F., Evelyn, Edmund S., Ralph P. and Lester W. Olson; a native of California, aged 45 years. A member of Sonoma Valley Buusiness and Professional Women's Club and California State Employes Assn. Friends are invited to attend the funeral services Thursday, May 21, at 11 a. m., at the Chapel of Bates & Evans, Sonoma, California. Interment, Mt. Cemetery, Sonoma.				To Balance Forward		
		$	$	June 16, 53	By Payment on Bill	$	$
		$	$		By Payment in full	555 50	
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
6-4-53	"Statement	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 23 1953

Name of Deceased Dennis Alan Ristau (What Race)

☐ Married ☑ Single ☐ Widowed ☐ Divorced

Residence 1970 Dowling Crt. Santa Rosa ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Melvin Ristau

Address.....above

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....no

Occupation.....none (Social Security Number) none

Employer and Address.....

Date of Death May 23, 1953 (Date) 9 P.M. (Hour)

Date of Birth May 8, 1953

Age 2 weeks (Years) (Months) (Days)

Date of Funeral May 26, Tue (Date) (Day of Week) 10 A.M. (Hour)

Services at Graveside

Clergyman Rev. Welch Themselves (Address)

Religion of the Deceased Prod.

Birthplace Santa Rosa

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Melvin Ristau

His Birthplace Calif.

Maiden Name of Mother Jessie Stickel

Her Birthplace Sonoma

Motor Ship } Remains to.....

Size of Casket 2/6 - #50 - White Lamb (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } M.T. Cemetery - Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 57 -	
Casket		
Burial Vault or Box (State Kind)	6 -	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		15.
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		45
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5 -	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	15 -	
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ... Papers		
Press Democrat (Names of Newspapers)	5 00	
Sales Tax	1 04	45
Total Footing of Bill	$ 55 45	
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 10, 1953	"	$ 55 45	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 25 1953

Name of Deceased Regina Berwert Sutter W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 316 E. Napa St. Sonoma, Cal.

☐ Husband ☐ Wife ☐ Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Rose Vella

Address 316 E. Napa St.

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Ret. home no. (Social Security Number)

Employer and Address .....

Date of Death May 25, 1953 (Date) 9:35 P (Hour)

Date of Birth Dec 28, 1876

Age 76 (Years) 4 (Months) 27 (Days)

Date of Funeral May 27 (Date) Wed (Day of Week) 9:30 A.M. (Hour)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father John Berwert

His Birthplace Switzerland

Maiden Name of Mother Emma Berwert

Her Birthplace Switzerland

Motor / Ship } Remains to .....

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Complete Funeral (except outlays)	$	345
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		17 50
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		17 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... Entombment		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ..... Mass		15 00
.....		
....line Death Notices in ..... Papers		
..... Local		3 61
(Names of Newspapers)		
..... S.F. Democrat		5 00
..... S.F. Examiner		11 76
Sales Tax		5 18
Total Footing of Bill	$	385 55
Less Courtesy Disc.	$	51 75
Balance	$	333 80
Entered into Ledger, page ..... or below.		

SUTTER—In Sonoma, Calif., May 25, 1953, Regina Berwert Sutter, dearly beloved mother of Joseph Sutter of Ukiah, Louis Sutter of Oakland, Mrs. Regina Tamba of Albany, William Sutter of Yountville, Mrs. Rose Vella of Sonoma, and Mrs. Madeline Militello of Napa, beloved sister of Mrs. Celia Meister, loving cousin of Mrs. Mary Squaglia, adored grandmother of Mrs. Carmela Benedetto, Loretta Vella, Joan and Joseph Sutter Jr., Mrs. Marian Riley, Mrs. Margaret Pine, Donald Militello, Mrs. Ann Kime, Mary Lu and Barbara Sutter, Thelma and Frank Tamba Jr., also leaves four great-grandchildren; a native of Swizerland, aged 76 years.

Friends are invited to attend the funeral Wednesday, May 27, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Entombment, Catholic Cemetery, Sonoma. Rosary will be recited Tuesday evening at 8 o'clock.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
e.....	.....	.....	.....	$.....	.....		To Balance Forward....	.....	.....	$.....	.....
.....	$.....	.....	$.....	.....	June 2 1953		By Payment.....	$.....	.....	$.....	.....
.....	$.....	.....	$.....	.....			" "	$.....	.....	$.....	.....
.....	$.....	.....	$.....	.....			" "	$333	80	$.....	.....
.....	$.....	.....	$.....	.....			" "	$.....	.....	$.....	.....
.....	$.....	.....	$.....	.....			" "	$.....	.....	$.....	.....
.....	$.....	.....	$.....	.....			" "	$.....	.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 30 19 53

Name of Deceased Maria Bravero W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 290 Sonoma ☐Husband ☐Wife ☐Widow of Maria

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Maria Bravero

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Window Cleaner 566-28-7417 (Social Security Number)

Employer and Address Self

Date of Death May 30, 1953 (Date) 9:10 a (Hour)

Date of Birth June 24, 1888

Age 64 (Years) 11 (Months) 6 (Days)

Date of Funeral June 1 (Date) Monday (Day of Week) 1 P. M. (Hour)

Services at Chapel

Clergyman Temple Lodge #14 F&A.M. (Address)

Religion of the Deceased Prod.

Birthplace Italy

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Santa Rosa Memorial Hospital

Cause of Death

Contributory Causes

Certifying Physician Wilson Stegeman M.D. (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Pietro Bravero

His Birthplace Italy

Maiden Name of Mother Angela Luparia

Her Birthplace Italy

Motor/Ship Remains to

Size of Casket 1909- Cov. 87 (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery/Crematory Woodlawn Cemetery San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Shirt 2.65 14.08 (State Kind and Color)	2	73
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		244
Door Spray, $ ... Gloves, $		265
Funeral Car, $ ... Ambulance, $		24665 3
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		73995
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. San mateo Co. (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad/or Motor Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
... line Death Notices in ... Papers		
Press, Democrats (Names of Newspapers)	5	00
S.F. Examiner	9	40
Local Notices - Typed		
Sales Tax	7	32
Total Footing of Bill	$ 512	45
Less 24.40	$ 24	40
Balance	$ 488	05
... dger, page ... or below. C/C 1	488	05

SIZE 6/6 No. 1909- H.P Cov. 87

DESCRIPTION: Sabine Panel & Pillow

Full lined Bianca Cr Velvet Eggshell Sr B & B

HANDLES:

7300-6x2- Spt & Nt Hdls & Corners

			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
		" "	$		$	
		" "	$ 489	-	$	
June 8, 1953		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 25 1953

Name of Deceased Donald Leon Smith W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Thompson & Sonoma Aves Boyes Springs ☐Husband ☐Wife ☐Widow of .....

Charge to: No Charge

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War No

Occupation None (Social Security Number)

Employer and Address .....

Date of Death May 25, 1953 (Date) 10:14 P (Hour)

Date of Birth May 25

Age Stillborn (Years) (Months) (Days)

Date of Funeral May 27, 1953 (Date) (Day of Week) 1 P. M. (Hour)

Services at Braeside

Clergyman..... (Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State 1 yr (or U. S. or City or County) (Years) (Months)

Place of Death Hydro Cephalus - Large

Cause of Death Cerebral infarct.

Contributory Causes Placenta -

.....

Certifying Physician Michael M Mikita M.D. (or Coroner)

His Address Boyes Hot Springs, Cal.

Name of Father Leo Gordon Smith

His Birthplace Indiana

Maiden Name of Mother Rosa Leona Lair

Her Birthplace Oklahoma

Motor / Ship } Remains to .....

Size of Casket Redwood, Made by us (State Color and Number)

Manufactured by: : : :

Cemetery / ~~Crematory~~ } Valley Cemetery

Babyland -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $	Hair Dressing, $	No charge
Dressing Body, $	Underwear, $	
Suit or Dress (State Kind and Color)		
Slippers, $	Hose, $	
Folding Chairs, $	Tarpaulin, $	
Candelabrum, $	Candles, $	
Door Spray, $	Gloves, $	
Funeral Car, $	Ambulance, $	
Limousines to Cemetery @ $	Due to	
Extra Limousines @ $	Circumstances	
Autos to R. R. Station @ $		
Getting Remains from	& Parents	
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $	Use of Chapel, $	
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $	Palms, $: : : : Matting, $	
Rental of Tent, $	of Temporary Vault, $	
Opening of Grave or Tomb		
Lining Grave, $	Lowering Device, $	
Outlay for Shipping Charges		
Clergyman, $	Singers, $ Organist, $	
Railroad / or Motor } Tickets, $	Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
:		
....line Death Notices in	Papers (Names of Newspapers)	
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	$.....	$.....		To Balance Forward	$.....	$.....
.....	By Payment	$.....	$.....	.....	By Payment	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 6 1953

Name of Deceased Karn Elm Rasson W

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 6 B Glen Ellen ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to No Charge

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War.....

Occupation None (Social Security Number)

Employer and Address.....

Date of Death June 6 1953 6:10 P. (Date) (Hour)

Date of Birth May 3, 1953

Age 1 (Years) (Months) 3 (Days)

Date of Funeral June 10 Wed 11 A. M. (Date) (Day of Week) (Hour)

Services at No Services

Clergyman..... (Address)

Religion of the Deceased Prod

Birthplace Sonoma

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif

Name of Father John E. Rasson

His Birthplace Missouri

Maiden Name of Mother Peggy B. Hartman

Her Birthplace Oregon

Motor Ship } Remains to.....

Size of Casket Redwood (State Color and Number)

Manufactured by Bates & Evans

Cemetery Crematory } Valley Cemetery Sonoma

Babyland

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) $	No Charge
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	Love to Cremation
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	2 Parents
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
...	
...line Death Notices in ... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill $	
Less $	
Balance $	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

252

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 8 19 53

Name of Deceased Infant Son of Bennie F. Robie W.

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Novato, Cal.

☐Husband ☐Wife ☐Widow } of..... of } Age of Husband or Wife (if living).....Years

Charge to: Bennie F. Robie

Address..... above

Order given by Mathesons
(or informant)

How Secured.....

If Veteran, State War No.

Occupation None No.
(Social Security Number)

Employer and Address.....

Date of Death Stillborn
(Date) (Hour)

Date of Birth.....

Age.....
(Years) (Months) (Days)

Date of Funeral June 10 Wed 3 P. M.
(Date) (Day of Week) (Hour)

Services at Graveside Chapel

Clergyman Rev. Coleman
(Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death Stillborn

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer M.D.
(or Coroner)

His Address Sonoma, Calif.

Name of Father Bennie F. Robie

His Birthplace Texas

Maiden Name of Mother Shirley M. Matheson

Her Birthplace Oklahoma

Motor / Ship } Remains to.....

Size of Casket 2/0 - #50 White Lamb
(State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery / Crematory } Valley Cemetery

Babyland Valley

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 30.	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		15/3/45
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from offered the same as two		
Taking Remains to previous babies but		
Trip to Coroner's Inquest Wanted a better		
Delivering Box to Casket		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Brought to town Minister		
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		4.5
Total Footing of Bill	$ 30.	4.5
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6-30-53	Statement				To Balance Forward		
	To Above Balance	$	$		By Payment	$	$
	By Payment	$	$	July 6, 1953	By Mrs B/F. Robie	$ 10	$
	" "	$	$		"	$ 20	$
	" "	$	$	Aug 13, 1953	" Jul.	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 9 1953

Name of Deceased George A. Strickland W.

☒ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx. 1.74 Sonoma ☐Husband ☐Wife ☐Widow } Ruby Ellen

Charge to: Mrs. Ruby E. Strickland or.....of } Age of Husband or Wife (if living).....Years

Address: Adams

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Ret. Machinist 532-10-8941 (Social Security Number)

Employer and Address U.S. Navy.

Date of Death June 9 1953 (Date) 4.9 (Hour)

Date of Birth July 12 1887

Age 65 (Years) (Months) (Days)

Date of Funeral June (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Iowa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Schaeuble (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Geo. A. Strickland

His Birthplace York

Complete Funeral (except outlays)	$ 473	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Morrill	10	-
Organ - Paul Marcucci	5	-
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)	3	61
Sales Tax	7	55
Total Footing of Bill	$ 569	16
Less 24.40 - 30 day	$	
Balance	$	

Entered into Ledger, page.....or below.

23650 / 15 / 25750 / 3 / 7.5450

COMMERCIAL

Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION

DEPOSITED FOR ACCOUNT OF

Ruby Strickland
NAME

ADDRESS

DATE June 9 1954

	DOLLARS	CENTS
CURRENCY		
COIN	Deposit in By A	
CHECKS (PROPERLY ENDORSED)	Over payment	
LIST BY BANK NUMBER SEPARATELY, BELOW, EACH CHECK COMPRISING THIS DEPOSIT.		
1 DUPLICATE		
2 $ 50 00		
3		
4 JUN 9 1954		
5 104 Ba NATIONAL		
6		
7 TELLER		
R. T. NO. 8		
9		
10		

R 2 8-51

Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward	$	$
	$		By Payment	$	$
	$	June 15 1953	"	$ 150 -	$
	$	June 7	" Dr Full	$ 419 16	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$
	$		" "	$	$

Insurance
.....Companies.....

present that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

252

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 8 19 53

Name of Deceased Infant Son of Bennie F. Robie W.

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Novato, Cal.

☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Bennie F. Robie

Address: Above

Order given by: Matheson (or informant)

How Secured

If Veteran, State War No.

Occupation None No. (Social Security Number)

Employer and Address

Date of Death Stillborn (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Date of Funeral June 10 (Date) Wed (Day of Week) 3 P. (Hour) M.

Services at Graveside Chapel

Clergyman Rev. Coleman (Address)

Religion of the Deceased Prod.

Birthplace Sonoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Stillborn

Cause of Death

Contributory Causes

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Bennie F. Robie

His Birthplace Texas

Maiden Name of Mother Shirley M. Matheson

Her Birthplace Oklahoma

Motor Ship } Remains to

Size of Casket 2/0 - #50 White Lamb (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery Crematory } Valley Cemetery

Babyland Valley

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 30.	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		15/3/45
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from offered the same as two		
Taking Remains to previous babies but		
Trip to Coroner's Inquest Wanted a better		
Delivering Box to Casket -		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Broughtown Minister		
....line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax		45
Total Footing of Bill $	30.	45
Less $		
Balance $		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
6-30-53	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 6, 1953	" Mrs B/F Robie	$ 10 -	$
	"	$ 20	$
Aug 13, 1953	" Jul.	$	$
	"	$	$
	"	$	$
	"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 9 1953

Name of Deceased George A. Strickland W.

☒ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx. 174 Sonoma ☐Husband ☐Wife ☐Widow } Ruby Ellen

Charge to: Mrs. Ruby E. Strickland or.....of } Age of Husband or Wife (if living).....Years

Address: Adams

Order given by..... (or informant)

How Secured:

If Veteran, State War no.

Occupation Ret. Machinist 532-10-8941 (Social Security Number)

Employer and Address U. S. Navy

Date of Death June 9 1953 (Date) 4 P. (Hour)

Date of Birth July 12 1887

Age 65 (Years) (Months) (Days)

Date of Funeral ..... M. (Hour)

..... (Address)

..... (Years) (Months)

..... ushfield

..... aly

..... and

..... 87-

(State Color and Number)

Manufactured by.....

Cemetery / Crematory } Mt. Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 473.	
Casket		
Burial Vault or Box (State Kind)	15.	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		23 50
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		25 50
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		7 54 50
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Marrible	10	—
Organ — Paul Marcucci	5	—
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)	3	61
Sales Tax	7.	55
Total Footing of Bill	$ 569	16
Less 24.40 — 30 day	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6/15/53	To Above Balance		$		To Balance Forward		$
9-3-53	By Payment	$	$		By Payment	$	$
10-26-53	" " "	$	$	June 15 1953	"	$ 150 —	$
12-2-53	Letter "	$	$	June 7	" In full	$ 419 16	$
Called on Telephone 1-9-54 —		$	$		" "	$	$
Trying to collect home — then pay		$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry June 9 19 53

Name of Deceased Orval W. Wilson W (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: P.O. Bx 92 Eldridge, Cal. ☐Husband ☐Wife ☐Widow or .... of .... Age of Husband or Wife (if living) .... Years

Charge to: Charles A. Wilson, father

Address Above

Order given by .... (or informant)

How Secured ....

If Veteran, State War no

Occupation Store Mgr. 571-32-2082 (Social Security Number)

Employer and Address Self employed

Date of Death June 9, 1953 (Date) 10:25 a. (Hour)

Date of Birth June 9, 1906

Age 47 (Years) 0 (Months) 0 (Days)

Date of Funeral June 11 (Date) Thurs (Day of Week) 11 a. M. (Hour)

Services at: Chapel

Clergyman Rev. Moffatt Dennis Eldridge (Address)

Religion of the Deceased Prot.

Birthplace Calif.

Item		$	
Complete Funeral (except outlays)		836	
Casket			
Burial Vault ~~or Box~~	Steele (State Kind)	175	–
Embalming Body	(Name of Embalmer)		
Barber, $ .... Hair Dressing, $			
Dressing Body, $ .... Underwear, $			
Suit or Dress	(State Kind and Color)		
Slippers, $ .... Hose, $			
Folding Chairs, $ .... Tarpaulin, $			
Candelabrum, $ .... Candles, $			
Door Spray, $ .... Gloves, $			
Funeral Car, $ .... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to	~~3 c/c~~	~~3~~	~~00~~
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to	Casket Spray (Dorothy)	30	90
Removal Charges			
Procuring Burial Permit	3 C C (State Number and District)	3	–
– Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $			
Sales Tax			
	Cemetery use	8	00
		45	00
		20	–
		10	–
...apers		6	80
	Local	3	61
	Democrat	5	00
	Record	5	00
		17	79
Sales Tax			
Total Footing		~~1159~~	~~30~~
Less	50.55	1166	10
Balance			
Entered into Ledger, page ...... or below.			

(Margin calculations: 418, 175, 593, 3, 17.79)

RECEIVED FROM Bates & Evans June 12 1953 NO. 07333

One ring belonging to Orval Wilson .... DOLLARS

$ .... HOW PAID .... BALANCE DUE .... P.L. Miller

SUNSET-McKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Motor / Ship } Remains ....

Size of Casket Meg.

Manufactured by: P. F. Co.

Cemetery / Crematory Stockton Rural Cem.

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-8-53	Filed Dal Pozzetto / To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Nov 23, 1953	" " in full	~~1166.10~~	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 10 1953

Name of Deceased Hannah N. Kurtzhal W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Bx 130 Glen Ellen

☐ Husband ☐ Wife ☐ Widow } Merle
or ..... of } Age of Husband or Wife (if living) ..... Years

Send Bill to James Kurtzhal

Charge to: James Kurtzhal

Address Route 1 Box 130 Fulton St. San Francisco

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Co.-Owner No. (Social Security Number)

Employer and Address Log Cabin Nursery

Date of Death June 10, 1953 10:20 P.M. (Date) (Hour)

Date of Birth Sept. 6, 1901

Age 51 (Years) (Months) (Days)

Date of Funeral June 12 (Date) Fri. (Day of Week) 10 A.M. (Hour)

Services at: Chapel

Clergyman: Father Regan (Address)

Religion of the Deceased Prod.

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Children's Hospital S.F.

Cause of Death Pulmonary Metastases

Contributory Causes Carcinoma of Cervix

Certifying Physician Roberta Fenton M.D. (or Coroner)

His Address 490 Post St. S.F.

Name of Father Benjamin Northrup

His Birthplace New York

Maiden Name of Mother Louise D. Allen

Her Birthplace New York

Motor Ship } Remains to

Size of Casket Brought from N. Gray & Co. (State Color and Number)

Manufactured by

Cemetery Crematory } Chapel of the Chimes S.F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Chapel, Cars, personal services			
Complete Funeral (except outlays)	$	50	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ..... Hair Dressing, $			
Dressing Body, $ ..... Underwear, $			
Suit or Dress (State Kind and Color)			
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot			
Cremation		45	—
Flowers, $ ..... Palms, $ ..... Matting, $			
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb			
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Rev. Regan		10	—
Organ. Marcucci Jr.		5	—
....line Death Notices in ..... Papers			
Posted (Names of Newspapers)		3	61
Sales Tax No Tax no merchandise			
Total Footing of Bill	$	113	61
Less	$		
Balance	$		

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
6-18-53	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 23, 1953	"	$113.61	$
	"	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 9 1953

Name of Deceased Orval W. Wilson W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. Bx. 93 Eldridge, Cal ☐Husband ☐Wife ☐Widow
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Charles A. Wilson, father

Address: Above

Order given by..... (or informant)

How Secured:

If Veteran, State War no

Occupation Store Mgr. 571-32-2082 (Social Security Number)

Employer and Address Self employed

Date of Death June 9, 1953 (Date) 10:25 (Hour)

Date of Birth June 9, 1906

Age 47 (Years) 0 (Months) 0 (Days)

Date of Funeral June 11, (Date) Thurs (Day of Week) 11A (Hour) M.

Services at: Chapel

Rev. Moffatt Dennis Eldridge (Address)

of the Deceased Grad

Stockton, Calif

d in the State 1 yr (or U.S. or City or County) (Years) (Months)

of Death Sonoma District Hospital

e of Death Coronary insufficiency

tributory Causes.....

ertifying Physician..... (or Coroner)

His Address Sonoma, Cal.

Name of Father Charles A. Wilson

His Birthplace Ohio

Maiden Name of Mother Mabel A. Miller

Her Birthplace: Stockton, Calif

Motor / Ship } Remains to.....

Size of Casket Metal Sealer - Silver (State Color and Number)

Manufactured by: F. F. Casket Co.

Cemetery / Crematory Stockton Rural Cem. Stockton

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 836	
Casket		
Burial Vault ~~or Box~~ Steele (State Kind)	175	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		4 18
Dressing Body, $..... Underwear, $		1 75
Suit or Dress (State Kind and Color)		5 93
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		17 79
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to ~~3 cyc~~		3 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket spray Dorothy	30	90
Removal Charges		
Procuring Burial Permit. 3 C C (State Number and District)	3	—
— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: Stockton Cemetery		
~~Cremation~~ Det. upd	8	00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	45	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ~~Minister, Musicians~~		—
Out of town Undertaker's Charges		
Personal Service Rev. Dennis	20	—
Musics, Paul M. - Jo Terrace	10	—
.....line Death Notices in Chronicle Papers	6	80
Posted Local	3	61
(Names of Newspapers) Press Democrat	5	00
Stockton Record	5	00
Sales Tax	17	79
Total Footing of Bill	$ ~~1159~~	~~30~~
Less 50.55	$ 1166	10
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-8-53	Filed Del Poggetto				To Balance Forward		
	To Above Balance	$	$		By Payment	$	$
	By Payment	$	$		" "	$	$
	" "	$	$	Nov 23, 1953	" "	$ 1166 10	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 10 1953

Name of Deceased Hannah N. Kurtzhal W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Bx 130 Glen Ellen ☐Husband ☐Wife ☐Widow of Merle

Send Bill to Charge to: Frances Kurtzhal Age of Husband or Wife (if living)..... Years

Address: Above 1371 Fulton St

Order given by San Frances (or informant)

How Secured:

If Veteran, State War no

Occupation Co-Owner No (Social Security Number)

Employer and Address Log Cabin Nursery

Date of Death June 10, 1953 10:20 P. (Date) (Hour)

Date of Birth Sept 6, 1901

Age 51 (Years) (Months) (Days)

Date of Funeral June 12 Fri 10 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Father Regan (Address)

Religion of the Deceased Prod

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Children's Hospital S.F.

Cause of Death Pulmonary Metastases

Contributory Causes Carcinoma Cervix

Certifying Physician Roberta Fenton M.D. (or Coroner)

His Address: 490 Post St S.F.

Name of Father Benjamin Northrup

His Birthplace New York

Maiden Name of Mother Louise G. Allen

Her Birthplace New York

Motor Ship } Remains to

Size of Casket Brought from N. Gray + Co. (State Color and Number)

Manufactured by

~~Cemetery~~ ~~Crematory~~ } Chapel & the Chimes S.F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Chapel, Cars, personal services		
Complete Funeral (except outlays)	$ 50	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Ben Regan	10	—
Organ. Marcuse Jr.	5	—
....line Death Notices in ..... Papers		
Posted (Names of Newspapers)	3	61
Sales Tax No Tax no merchandise		
Total Footing of Bill	$ 113	61
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
6-18-53	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 23, 1953	"	$ 113 61	$
	Jm Hall	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 13 1953

Name of Deceased Nina P. Pegden W.

☒ Married ☐ Single ☑ Widowed ☑ Divorced (What Race)

Residence: Rt. 1 Bx. 75 Sonoma ☐Husband ☐Wife ☐Widow } Walter E.

Charge to Walter E. Pegden or.....of } Age of Husband or Wife (if living).....Years

Address. Abare

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.:.....

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death June 13, 1953 (Date) 4:30 P (Hour)

Date of Birth Jan. 2, 1888

Age 65 (Years) (Months) (Days)

Date of Funeral June 15 Mon. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman:..... (Address)

Religion of the Deceased Prod

Birthplace Ohio

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma Cal.

Name of Father Cyrus B. Turnbaugh

His Birthplace.....

Maiden Name of Mother Elizabeth A. Britton

Her Birthplace Iowa

Motor Ship } Remains to.....

Size of Casket Grey ½ ch. (State Color and Number)

Manufactured by Holden Utility Casket Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 3 25		3 35
Suit or Dress 24 10 (State Kind and Color)		
Slippers, $ ..... Hose, $ Dress + Inf		17 51
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		17 50
Funeral Car, $ ..... Ambulance, $		20 25
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		19 75 3
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		5 7 8 25
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister Terrell		10 —
Organ — Marenco		5 —
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		5 18
Total Footing of Bill	$	431 54
Less 17.25	$	
Balance	$	
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
6-30-53	Statement		
	To Above Balance,		$
8-7-53	By Payment	$	$
9-3-53	" " " "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
July 2, 54	By Payment "on" acct	$ 100 —	$
July 8, 54	" " "	$ 31 54	$
Sept 16, 54	"In full	$ 300 —	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 14 1953

Name of Deceased Fred Karl Grieve W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 202 Boyes Springs ☐Husband ☐Wife ☐Widow of } Lucy Bertha

Charge to Lucy Grieve Age of Husband or Wife (if living).....Years

Address Adams

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Carpenter X 469-07-5422 (Social Security Number)

Employer and Address

Date of Death June 14, 1953 (Date) 8:40 A. (Hour)

Date of Birth May 14, 1887

Age 65 (Years) (Months) (Days)

Date of Funeral June 16 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at ~~Chapel~~ Lutheran Church

Clergyman Rev. Mc Murdie (Address)

Religion of the Deceased Prod.

Birthplace Minnesota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman MD (or Coroner)

His Address Sonoma, Calif.

Name of Father William Grieve

His Birthplace Germany

Maiden Name of Mother Mary Burns

Her Birthplace Germany

Motor / Ship } Remains to

Size of Casket #95 H 7 P (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 313	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Shirt 2.75 - 8 44 (State Kind and Color)	2	83
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		1565
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		1775
Funeral Car, $ ... Ambulance, $		17425
Limousines to Cemetery ... @ $		17 3
Extra Limousines ... @ $		5227 5
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Posts	4	
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister, Hearses		
... line Death Notices in ... Papers		
Posted (Names of Newspapers)	3	61
Sales Tax	5	15
Total Footing of Bill	$ 398	59
Less 16 40 30 days	$ 16	40
Balance	$ 382	19

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
June 23 53	" "	$	$	In full	" "	382 19	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 23, 1953

Name of Deceased Ida May Miller W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Bx 555 Sonoma ☐Husband ☐Wife ☐Widow

Charge to Mrs. Mabel Hagland or.....of Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured

If Veteran, State War No. No.

Occupation Ret. Western Union Operator (Social Security Number)

Employer and Address

Date of Death June 23, 1953 3 p.m. (Date) (Hour)

Date of Birth June 8, 1865

Age 88 (Years) 0 (Months) 15 (Days)

Date of Funeral June 25 (Date) Thurs. (Day of Week) 10 A.M. (Hour)

Services at Chapel

Clergyman Rev. Stuart Potter Winters (Address)

Religion of the Deceased Prod.

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arteriosclerotic Heart

Contributory Causes Disease

Certifying Physician B. Kammerer M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Eli Miller

His Birthplace Pennsylvania

Maiden Name of Mother Caroline Dranty

Her Birthplace Ohio

Motor / Ship } Remains to

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by: Golden State Casket Co.

Cemetery / Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Dress 17-45 (State Kind and Color)	17	50
Slippers, $ ... Hose, $ Panty 2.24	77	
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $	17	50
Funeral Car, $ ... Ambulance, $	17	75
Limousines to Cemetery ... @ $	19	25
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Stuart Potter	25	00
Organ, Marcucci Jr.	5	-
Outline Death Notices in ... Papers		
Casted (Names of Newspapers)	3	61
Sales Tax	5	18
Total Footing of Bill	$ 447	07
Less 17.25 - 30 days	$ 17	25
Balance	$ 429	82

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
6-30-53	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 6 53	" In full	$ 429 82	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 24 1953

Name of Deceased Claire Jeanne Camp W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 181 Maple Ave. El Verano, Cal. ☐Husband ☐Wife ☐Widow of Francis P.

Age of Husband or Wife (if living)..... Years

Charge to Francis P. Camp

Address P.O. Box 305 - El Verano

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Housewife No. (Social Security Number)

Employer and Address

Date of Death June 24, 1953 (Date) 7:05 P. (Hour)

Date of Birth June 12 -

Age 71 (Years) 0 (Months) 12 (Days)

Date of Funeral June 26, Fri. (Date) (Day of Week) 9 A. (Hour) M.

Services at St. Frances

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace San Francisco, Calif.

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Jean Baptiste Laporte

His Birthplace France

Maiden Name of Mother Mary Carroll

Her Birthplace Ireland -

Motor / Ship } Remains to

Size of Casket Grey 7 ft. (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Holy Cross Cem. San Mateo Co -

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress ~~Pantry 75~~ (State Kind and Color) 24 2.		~~7 7~~
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		17 50
Door Spray, $ ... Gloves, $		3
Funeral Car, $ ... Ambulance, $		5 9 50
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot opening, cement vault	133	20
Cremation ... Co. Permit		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Mass	15	00
... line Death Notices in ... Papers		
... Examiner (Names of Newspapers)	7	14
... Local, Posted	3	61
Sales Tax	5	18
Total Footing of Bill	$ 509	13
Less 17.25 - 30 days	$ 17	25 -
Balance	$ 491	88

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Balance		$		To Balance Forward		$
	" "	$	$	July 9, 1953	By Payment	$ 491 88	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

CAMP—In El Verano, June 24, 1953. Claire Jeanne, dearly beloved wife of Francis P. Camp, loving mother of Leo J. Camp and the late Bertrand F. Camp, devoted sister of Antoinette G. Meagher, Louise T. M. Laporte and the late Sister M. Germaine Laporte; a native of San Francisco.
Friends are invited to attend the funeral services Friday, June 26, at 8:45 a. m. from the Chapels of Bates & Evans, Sonoma, thence to St. Francis Solano Church where Requiem Mass will be celebrated for the repose of her soul at 9 a. m. Interment, Holy Cross Cemetery, San Francisco, Friday 11:15 a. m.

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Compiled by F. J. FEINEMAN St. Louis, Mo.

260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 19 53

Name of Deceased William Watts W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 175 Frances St Sonoma ☐Husband ☐Wife ☐Widow } Rosa

Charge to Mrs. Rosa Watts or.....of } Age of Husband or Wife (if living).....Years

Address above -

Order given by.....
(or informant)

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones MArket 1-1146-47

June 27. 53.

Received Ring
of Mrs. William
Watts

W. Schenkein

Maiden Name of Mother.....

Her Birthplace.....

Motor / Ship } Remains to.....

Size of Casket 190 Gr. Cav 8 7 (State Color and Number)

Manufactured by S.F. Casket 63

Cemetery / Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 4
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		3 2
Slippers, $ ..... Hose, $		7
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 5 C/C	5	00
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Temple Lodge #147 9 M	-	
Organ, Dan Ruggles	5	00
line Death Notices in ..... Papers		
Democrat	5	-
(Names of Newspapers) Sealed, Local	2	61
	1	32
Sales Tax		
Total Footing of Bill $	558	93
Less 24.40 - 30 days $	24	40
Balance $	534	53

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance
7/8/53	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
July 9, 1953	" "	$ 534 53	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 1 1953

Name of Deceased Nina Lodema Newell W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 6293 Sonoma Hway. Santa Rosa ☐Husband ☐Wife ☐Widow of Donald

Rural - or..... Age of Husband or Wife (if living)..... Years

Charge to: Donald Newell

Address: Abame

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death July 1, 1953 (Date) 11:59 P (Hour)

Date of Birth Nov. 5, 1906

Age 46 (Years) (Months) (Days)

Complete Funeral (except outlays)	$	425 -
Casket		212 50
Burial Vault or Box (State Kind)		17
Embalming Body (Name of Embalmer)		229 50
Barber, $ ..... Hair Dressing, $		3
Dressing Body, $ ..... Underwear, $		6 85 50
~~Suit or~~ Dress 17.00 Lot 51 (State Kind and Color)		17 51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
..... @ $		
..... @ $		
Tel Call 1.50 / 5.15 / 10.30		16 95 -
basket spray		25 75
State Number and District)		
Certificates No.		
, $		
$		47 70
1821		45 50
		5 50
		1 0 -
		5 -
		5 -
		2 -
		3 61
		6 38
		16 90
		66 30
		550 60

PHONE 2-1821 629 D STREET

Lipp & Sullivan

MORTICIANS

MARYSVILLE, CALIFORNIA

M BATES AND EVANS

SONOMA, CALIFORNIA

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

No 12260

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M BATES & EVANS Santa Rosa, California, JULY 10 1953

SONOMA, CALIF.

Crematorium Services For PACKING & SHIPPING CREMAINS, PREPAID	5	00
Memorial Section --including endowment fund deposit-- Tier No.		
Urn Chest Sales Tax		
Flower Service { Twice / Once } Each Week, from to		
{ Rental / Care } from to Engraving Permit		50
Total	5	50
Credits		
Received FIVE AND 50/100 Dollars	5	50
Present Balance		

Check No. 90-667 124 Record No. 5292 (NEWELL)

CALIFORNIA CREMATORIUM Per Jos Brothers

												Balance
		By Payment	$		$					mt.	$	$
John Day,		Oregon -	$		$		July 8, 1953			"	$ 550 60	$
		" "	$		$					" "	$	$
		" "	$		$					" "	$	$
		" "	$		$					" "	$	$
		" "	$		$					" "	$	$
		" "	$		$					" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 19 53

Name of Deceased William Watts W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 175 Frances St Sonoma ☐Husband ☐Wife ☐Widow } Rosa

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Rosa Watts

Address... above -

Order given by.....
(or informant)

Secured:.....

eran, State War No

ation Dentist

(Social Security Number)

yer and Address self employed -

f Death June 25, 1953
(Date) (Hour)

Birth Oct 23, 1884

68 (Years) 8 (Months) 2 (Days)

Funeral June 27 Sat 10.9 M.
(Date) (Day of Week) (Hour)

at a Chapel

an Temple Lodge #14 F & A.M. -
(Address)

of the Deceased Dead

ce New Jersey

in the State.....
(or U. S. or City or County) (Years) (Months)

Death. None

Death:.....

ory Causes.....

.....

Physician Wm J. Newman M.D.
(or Coroner)

ss Sonoma, Calif. -

Father George Watts

lace New Jersey -

Maiden Name of Mother.....

Her Birthplace:.....

Motor Ship } Remains to.....

Size of Casket 190 E. Cov 87
(State Color and Number)

Manufactured by 87 Casket 63

Cemetery Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		24
Dressing Body, $ ..... Underwear, $		3.
Suit or Dress (State Kind and Color)		7.32
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot	5 c/c	500
Cremation		45 -
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Temple Lodge #147 F&AM		-
Organ, Dan Ruggles		5 00
line Death Notices in ..... Papers		
Democrat		5 -
(Names of Newspapers) Index, Local		2 61
		7. 32
Sales Tax		
Total Footing of Bill	$	558 93
Less 24.40 - 30 days	$	24 40
Balance	$	534 53
Entered into Ledger, page .....or below.		

Date		Amount Paid	Balance
7/8/53	Statement		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
July 9, 1953	" full -	$ 534 53	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry July 1 1953

Name of Deceased Nina Lodema Newell .... W. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 6293 Sonoma Hway Santa Rosa rural- ☐Husband ☐Wife ☐Widow or ... of Donald. Age of Husband or Wife (if living)......... Years

Charge to Donald Newell -

Address above

Order given by.............. (or informant)

How Secured..............

If Veteran, State War No.

Occupation At home. No. (Social Security Number)

Employer and Address..............

Date of Death July 1, 1953 (Date) 11:59 P. (Hour)

Date of Birth Nov. 5, 1906

Age 46 (Years) (Months) (Days)

Complete Funeral (except outlays).......$	425	-
Casket..........		
Burial Vault or Box.......... (State Kind)		
Embalming Body.......... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
~~Suit or~~ Dress 17.00 .51 (State Kind and Color)	17	51
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery.....@ $.....		
.....@ $.....		
.....@ $.....		
Tel Call 1.50, 5.15, 10.30	16	95
...son-		
...asket Spray	25	75
(State Number and District) Certificates No.		
...Physician's or Coroner's ... $		
...$	47	70
...ges	45	50
	5	50
	10	—
	5	—
	5	—
	3	—
	3	61
	6	38
	616	90
	66	30
	550	60

212.50 / 17 / 229.50 / 3 / 6.88 / 50

PHONE 2-1821 629 D STREET

Lipp & Sullivan

MORTICIANS

MARYSVILLE, CALIFORNIA

M BATES AND EVANS

SONOMA, CALIFORNIA

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

№ 12260

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M BATES & EVANS SONOMA, CALIF. Santa Rosa, California, JULY 10 1953

Crematorium Services For PACKING & SHIPPING CREMAINS, PREPAID	5 00
Memorial Section --including endowment fund deposit-- Tier No.	
Urn Chest Sales Tax	
Flower Service { Twice Once } Each Week, from to	
{ Rental Care } from to Engraving Permit	50
Total	5 50
Credits	
Received FIVE AND 50/100 Dollars	5 50
Present Balance	—

CALIFORNIA CREMATORIUM Per JW Crothers

Check No. 90-667 124 Record No. 5292 (NEWELL)

	By Payment				Amount			Balance	
John Day,	Oregon -	$		July 8, 1953	In full	$ 550	60	$	
	" "	$		" "		$		$	
	" "	$		" "		$		$	
	" "	$		" "		$		$	
	" "	$		" "		$		$	
	" "	$		" "		$		$	

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.......... days from date. Interest to accrue from maturity at the rate of.......... % per annum.

Signed..........

Witness.......... Address..........

260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 19 53

Name of Deceased William Watts W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 175 Frances St Sonoma ☐Husband ☐Wife ☐Widow } Rosa

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Rosa Watts

Address... Above -

Order given by.....
(or informant)

Secured:.....

eran, State War No.

ation Dentist

(Social Security Number)

yer and Address self employed -

f Death June 25, 1953
(Date) (Hour)

Birth Oct. 23, 1884

68 8 2
(Years) (Months) (Days)

Funeral June 27 Sat 10.9 M.
(Date) (Day of Week) (Hour)

at a Chapel

am Temple Lodge #14 F & A.M.
(Address)

of the Deceased Head

ce New Jersey

in the State.....
(or U. S. or City or County) (Years) (Months)

Death. Home

Death:.....

ory Causes.....

.....

Physician Wm J. N

ss Sonoma, Ca

ather George W

lace New Jerse

Maiden Name of Mother.....

Her Birthplace:.....

Motor / Ship } Remains to.....

Size of Casket 190 G... Co
(State C

Manufactured by D.J. Cas

~~Cemetery~~ / Crematory } Chapel & the

Diagram of Lot or Vault

L
G
Se
B
O

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		24
Dressing Body, $ ... Underwear, $		3
Suit or Dress (State Kind and Color)		7 32
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 5 c/c		500

Date																	
7/8/53	Statement									To Balance Forward							
	To Above Balance			$			$										
	By Payment			$			$				By Payment			$			$	
	" "			$			$			July 9, 1953	" "			$			$	
	" "			$			$				" "			$	534	53	$	
	" "			$			$				" "			$			$	
	" "			$			$				" "			$			$	
	" "			$			$				" "			$			$	
	" "			$			$				" "			$			$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry...July 1.....19 53

Name of Deceased...Nina Lodema Newell... W.
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 6293 Sonoma Hway. Santa Rosa. rural - ☐Husband ☐Wife ☐Widow of } Donald
Age of Husband or Wife (if living).....Years

Charge to: Donald Newell -

Address...Abane

Order given by.....
(or informant)

How Secured.....

If Veteran, State War...No.

Occupation..At home... no.
(Social Security Number)

Employer and Address.....

Date of Death July 1, 1953 11:59 P
(Date) (Hour)

Date of Birth...Nov. 5, 1906

Age.....46
(Years) (Months) (Days)

Complete Funeral (except outlays)	$ 425 -	
Casket		212.50
Burial Vault or Box (State Kind)		17
Embalming Body (Name of Embalmer)		229.53
Barber, $ ... Hair Dressing, $		3
Dressing Body, $ ... Underwear, $		85.50
~~Suit or~~ Dress 17.00 ... 14.51 (State Kind and Color)	17	6.8 5.1
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
... @ $		
... @ $		
Tel Call 1.50 / 5.15 / 10.30	16	95 -
...asket. Spray.	25	75
(State Number and District)		
Certificates No.		
..., $		
... $	47	70
...	45	50
..., $		
..., $		
..., $		
..., $		
..., $		
..., $		
...ther		
...	5	50
...	1	0 -
...	5	-
...	5	-
...	3	-
...	3	61
...	6	38
... $	616	90
... $	66	30
...alance... $	55	60

...e.....or below.

PHONE 2-1821

629 D STREET

Lipp & Sullivan

MORTICIANS

MARYSVILLE, CALIFORNIA

M BATES AND EVANS

SONOMA, CALIFORNIA

1821

MORTUARY SERVICES TO NINA L. NEWELL

TO EMBALMING AND AUTOPSY REPAIR	$35.00
" REMOVAL FROM HOSPITAL	10.00
" CERTIFIED COPY OF DEATH CERTIFICATE	1.00
" LONG DISTANCE TELEPHONE CHARGES	1.70
	47.70

RECEIVED PAYMENT
7-7-53
LIPP & SULLIVAN
P. C. Elmhurst

Please receipt & return -

										Amount Paid		Balance	
										...e Forward...		$	
		By Payment	$		$					...nt... $		$	
John Day,		Oregon -	$		$		July 8,	1953	"	$	55 60	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

260

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 19 53

Name of Deceased William Watts W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 175 France St. Sonoma ☐Husband ☐Wife ☐Widow } Rosa

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Rosa Watts

Address: above -

Order given by.....
(or informant)

ecured: :.....

eran, State War ... no

ation Dentist

(Social Security Number)

yer and Address self employed -

f Death June 25, 1953
(Date) (Hour)

Birth Oct. 23, 1884

68 8 2
(Years) (Months) (Days)

Funeral June 27 Sat 10.9. M.
(Date) (Day of Week) (Hour)

at Chapel

an Temple Lodge #14 F & A.M. -
(Address)

of the Deceased Dead

ce New Jersey

in the State.....
(or U. S. or City or County) (Years) (Mont

Death. None

Death:.....

ory Causes.....

.....

Physician Wm. J. ?

ss Sonoma, C

ather George

lace New Jers

Maiden Name of Mother.....

Her Birthplace:.....

Motor / Ship } Remains to.....

Size of Casket 190 G. ... Co
(State C

Manufactured by S. F. Ca

Cemetery / Crematory } Chapel & the

Diagram of Lot or Vault

L
G
Se
B
O

Complete Funeral (except outlays)	$	488	-
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $ ... Hair Dressing, $			24
Dressing Body, $ ... Underwear, $			3
Suit or Dress (State Kind and Color)			3
Slippers, $ ... Hose, $			2
Folding Chairs, $ ... Tarpaulin, $			
Candelabrum, $ ... Candles, $			
Door Spray, $: : ... Gloves, $			
Funeral Car, $ ... Ambulance, $			
Limousines to Cemetery ... @ $			
Extra Limousines ... @ $			
Autos to R. R. Station			

Date			To Above Balance														
7/8/53		Statement															
		By Payment		$			$						$			$	
		" "		$			$						$			$	
		" "		$			$			July 8, 1953		Paid in full -	$	534	53	$	
		" "		$			$					" "	$			$	
		" "		$			$					" "	$			$	
		" "		$			$					" "	$			$	
		" "		$			$					" "	$			$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 1 1953

Name of Deceased Nina Lodema Newell W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 6293 Sonoma Hway. Santa Rosa. ☐Husband ☐Wife ☐Widow } Donald

or Rural - of } Age of Husband or Wife (if living)..... Years

Charge to: Donald Newell -

Address... Abane

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death July 1, 1953 11:59 P. (Date) (Hour)

Date of Birth Nov. 5, 1906

Age 46 (Years) (Months) (Days)

Date of Funeral July 7 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at Chapel -

Clergyman..... (Address)

Religion of the Deceased Prod -

Birthplace Flora, Oregon

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Redwood Memorial Hospital

Complete Funeral (except outlays)	425	-
Casket		212 50
Burial Vault or Box (State Kind)		17
Embalming Body (Name of Embalmer)		229 50
Barber, $ Hair Dressing, $		3
Dressing Body, $ Underwear, $		8 50
~~Suit or~~ Dress 17 00 Hat 5 00 (State Kind and Color)	17	5 00
Slippers, $ Hose, $		6 8
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest Tel Call 1.50		
Delivering Box to 5.15 10 30	16	95
~~Deliver~~ Flowers to Oregon -		
Removal Charges Casket Spray -	25	75
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No.		
, $		
$		
	47	70
	45	50
$		
t, $		
$		
$		
Casket	5	50
	1	0 —
	5	—
	5	—
ter	2	—
	3	61
	6	38
Total Footing of Bill	616	90
Less Courtesy discount	66	30
Balance	550	60

515 FIFTH STREET TELEPHONE 2-1821

LIPP & SULLIVAN

FUNERAL DIRECTORS

Marysville, California, July 7 1953

Received from Bales & Evans. Account Funeral of Nina L. Newell.

the sum of Forty Dollars 90/100 $ 47 70/100

Balance $ Paid in Full LIPP & SULLIVAN By Franklin C. Sullivan

Diagram of Lot or Vault

Grave No.....

Section No.....

Block No.....

Owner.....

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Thomas Gibbs	To Above Balance		$		To Balance Forward		$
176	By Payment	$	$		By Payment	$	$
John Day, Oregon -	" "	$	$	July 8, 1953	" Jn Full	$ 550 60	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry *June 25* 19*53*

Name of Deceased *William Watts* *W.* (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *175 France St Sonoma* ☐Husband ☐Wife ☐Widow or..........of } *Rosa* Age of Husband or Wife (if living)..........Years

Charge to *Mrs. Rosa Watts*

Address *above —*

Order given by.............. (or informant)

Secured:..............

eran, State War *No.*

ation *Dentist* (Social Security Number)

yer and Address *self employed —*

f Death *June 25, 1953* (Date) (Hour)

f Birth *Oct 23, 1884*

68 (Years) *8* (Months) *2* (Days)

Funeral *June 27* (Date) *Sat* (Day of Week) *10* *a.* M. (Hour)

at *Chapel*

an *Temple Lodge #14 F&A.M.* (Address)

of the Deceased *Dead*

ce *New Jersey*

in the State.......... (or U. S. or City or County) (Years) (Mont

Death *Home*

Death..............

ory Causes..............

Physician *Wm. J. T*

ss *Sonoma, C*

Father *George T*

lace *New Jers*

Maiden Name of Mother..............

Her Birthplace..............

Motor Ship } Remains to..............

Size of Casket *190 G* *Co* (State C

Manufactured by *S.F. Cas*

~~Cemetery~~ Crematory } *Chapel of the*

Diagram of Lot or Vault

Complete Funeral (except outlays)	$	488	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $.......... Hair Dressing, $		24	4
Dressing Body, $.......... Underwear, $			3.
Suit or Dress (State Kind and Color)			1.32
Slippers, $.......... Hose, $		7.	3
Folding Chairs, $.......... Tarpaulin, $		7.	
Candelabrum, $.......... Candles, $			
Door Spray, $.......... Gloves, $			
Funeral Car, $.......... Ambulance, $			
Limousines to Cemetery.......... @ $			
Extra Limousines.......... @ $			
Autos to R. R. Station.......... @ $			

Date						
7/8/53	*Statement*					
	To Above Balance					
	By Payment	$	$			
	" "	$	$	*July 9, 1953*	*In full* —	$ *534 53*
	" "	$	$		*JS* " "	$
	" "	$	$		" "	$
	" "	$	$		" "	$
	" "	$	$		" "	$

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..............days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..............

Witness.............. Address..............

Compiled by F. J. FEINEMAN, St. Louis, Mo.

San Francisco Casket Co.
323-335 Valencia Street
San Francisco, 3

LIPP & SULLIVAN
FUNERAL DIRECTORS
Marysville, California
Account Funeral of
LIPP & SULLIVAN

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 1 1953

Name of Deceased Nina Lodema Newell W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 6293 Sonoma Hway. Santa Rosa ☐Husband ☐Wife ☐Widow of Donald

or Rural - Age of Husband or Wife (if living)..... Years

Charge to Donald Newell

Address Abame

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death July 1, 1953 (Date) 11:59 P (Hour)

Date of Birth Nov 5, 1906

Age 46 (Years) (Months) (Days)

Date of Funeral July 7 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prod.

Birthplace Flora, Oregon

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Redwood Memorial Hospital Marysville, Cal

Cause of Death

Contributory Causes Cancer, head of Pancreas - 1 yr.

Certifying Physician Joseph J. Dalaper M.D. (or Coroner)

Its Address Marysville, Cal

Name of Father Harper C. Howey

Its Birthplace Nebraska

Maiden Name of Mother Suzy Deck

Her Birthplace Massachusetts

Mortuary / Crematory } Remains to

Size of Casket 6900 Full Henge (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 425	-
Casket		212 50
Burial Vault or Box (State Kind)		17
Embalming Body (Name of Embalmer)		229 50
Barber, $ Hair Dressing, $		3
Dressing Body, $ Underwear, $		8 50
~~Suit or~~ Dress 17.00 14.51 (State Kind and Color)	17	5 51
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest Tel Call 1.50 5.15		
Delivering Box to 10.30	16	95
~~Deliver~~ Flowers to Oregon		
Removal Charges Casket Spray	25	75
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax Sullivan $		
~~Outlay for Lot~~ Marysville Charges	47	70
Cremation	45	50
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Packing & Shipping Ashes	5	50
Out of town Undertaker's Charges		
Personal Service Minister	10	-
Organ - Marianne	5	-
line Death Notices in Papers		
Democrat (Names of Newspapers)	5	-
Napa Register	3	-
Ladal	3	61
Sales Tax	6	38
Total Footing of Bill $	616	90
Less Courtesy draw $	66	30
Balance $	550	60

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Thomas	To Above Balance		$		To Balance Forward		$
176	By Payment	$	$		By Payment	$	$
John Day,	Oregon -	$	$	July 8, 1953	" full	$ 550 60	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

262

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 10 1953

Name of Deceased Mary Schmitz W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 464 - 1st St. East Sonoma ☐Husband ☐Wife ☐Widow } or.....of }

Age of Husband or Wife (if living).....Years

Charge to: Cecelia Braun

Address.....Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home (Social Security Number)

Employer and Address.....

Date of Death July 10, 1953 (Date) 2:10 P.M. (Hour)

Date of Birth Nov. 23, 1865

Age 87 (Years) (Months) (Days)

Date of Funeral July 14 (Date) Tue (Day of Week) 9 (Hour) A.M.

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Germany

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Myocardial infarction

Contributory Causes Peteris - Arteriosclerosis

Heart disease

Certifying Physician H. D. Stanley M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Schlick

His Birthplace Germany

Maiden Name of Mother Mary

Her Birthplace Germany

Motor Ship } Remains to.....

Size of Casket Grey Ech. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } Holy Cross Cem. San Mateo Co

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $	17	50
Dressing Body, $..... Underwear, $		3 -
Suit or Dress (State Kind and Color)		10
Slippers, $..... Hose, $	5 17	50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines.....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges San Mateo permit	2	-
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $.... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service.... Brass Quartet Grave	15	00
....: Quartet Grave	5	00
....line Death Notices in.....Papers None - (Names of Newspapers)		
Sales Tax	5	18
Total Footing of Bill	$ 372	18
Less 17 2.5 -	$ 17	25
Balance	$ 354	93

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	July 23 1953	By Payment Jul	$ 354 93	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 7 19 53

Name of Deceased William Thomas Church W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx 401 Sonoma ☐Husband ☐Wife ☐Widow of Agnes

Charge to Mrs. Agnes Church or Age of Husband or Wife (if living)..... Years

Address Al. Church (Son)

Order given by..... (or informant)

How Secured.....

If Veteran, State War No. 570-07-4502

Occupation Laborer (Social Security Number)

Employer and Address.....

Date of Death August 7, 1953 - 2 A. (Date) (Hour)

Date of Birth Feb 4, 1870

Age 83 (Years) (Months) (Days)

Date of Funeral Aug 10 Mon 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Ralph Richardson Sonoma (Address)

Religion of the Deceased Prod

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Douglas Church

His Birthplace Sonoma

Maiden Name of Mother.....

Her Birthplace Sonoma

Motor Ship } Remains to.....

Size of Casket 9405 Grey Dae (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

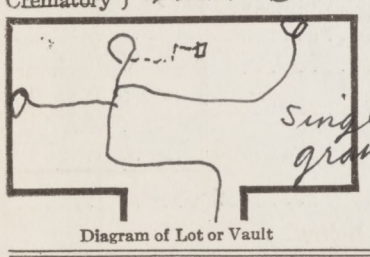

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 243	
Casket		—
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit ~~or Dress~~ 10.50 24 32 (State Kind and Color)	10	82
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		12 150
Door Spray, $..... Gloves, $		15 10 50
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		1.47 00 3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4.4 1 00
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Organ — Marcucci Jr	5	—
Out of town Undertaker's Charges		
Personal Service Rev. Richardson	10	—
.....		
....line Death Notices in ..... Papers	3	61
Local (Names of Newspapers)		
.....		
Sales Tax	4	10
Total Footing of Bill	$ 346	53
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
Split 6 ways each	To Above Balance	$	$ ~~57.50~~ 57.50
	By Payment	$	$
Mrs Al Church	"	$	$
P.O. Box 24 Vineburg Sn Clg	"	$	$
Note: One may not pay but	"	$	$
Al Church guarantees Payment	"	$	$
1/6	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Aug 10 53	By Payment Al Church	115 50	$
	" Gertrude Bresee		$
Sept 12, 1953	" Mrs Al Church	57 75	$
	" Oct. 10-53	57 75	$
	" Oct 10 53	58 —	$
Jn	" Full	57 53	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 8 1953

Name of Deceased Benjamin Harrison Robinson White

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 416 East 2nd St. ☒Husband ☐Wife ☐Widow } Elsbeth

Charge to Elsbeth Robinson or.....of } Age of Husband or Wife (if living).....Years

Address 416 East 2nd St.

Order given by above (or informant)

How Secured .....

If Veteran, State War None

Occupation Retired Steam Engineer (Social Security Number)

Employer and Address —

Date of Death August 8, 1953 5:20 P.M. (Date) (Hour)

Date of Birth Feb 20 1870

Age 83 (Years) (Months) (Days)

Date of Funeral 8-11-53 Tuesday 2:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Howard Davis (Address)

Religion of the Deceased Prod.

Birthplace Kentucky

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Hospital Hosp.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father .....

His Birthplace Penn

Maiden Name of Mother Unk

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket Taupe (State Color and Number)

Manufactured by: Dolton Casket Co.

Cemetery / Crematory } Mt. Tamalpais Cem. San Rafael

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 430	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 1 ..... Underwear, $		
Suit or Dress Tie (State Kind and Color)	1	55
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		2 15
Door Spray, $ ..... Gloves, $		1 50
Funeral Car, $ ..... Ambulance, $		2 65
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Casket Spray	30	90
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	55	95
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. H. Davis	10	00
line Death Notices in ..... Papers		
Independent Journal	3	61
San Rafael Independent (Names of Newspapers)	4	20
Marin Co. Journal	5	00
Sales Tax	6	45
Total Footing of Bill	$ 547	46
Less 21.50 30 days	$ 21	50
Balance	$ 525	96

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-2-53	To Above Balance (after about 10 — mistake)	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 18, 1953	"	$ 515 96	$
	" "	$	$	Dec 8, 1953	"	$ 10 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 10 1953

Name of Deceased Infant Daughter of Robert G. Martin W.
(What Race)

☐ Married ☒ Single ☑ Widowed ☐ Divorced

Residence 240 Marin Ave. Mill Valley. ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Robert G. Martin

Address ..... above

Order given by ..... (or informant)

How Secured 15.00 per mo

If Veteran, State War ..... no

Occupation ..... no (Social Security Number)

Employer and Address .....

Date of Death Aug. 10, 1953 (Date) 12:21 P. (Hour)

Date of Birth Stillborn

Age ..... (Years) (Months) (Days)

Date of Funeral Aug 11 (Date) Tue (Day of Week) ..... M. (Hour)

Services at Graveside

Clergyman ..... (Address)

Religion of the Deceased Prod.

Birthplace Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Robert G. Martin

His Birthplace Napa, Calif.

Maiden Name of Mother Patricia M. Davis

Her Birthplace San Francisco

Motor Ship } Remains to .....

Size of Casket 2/0 White Lamb (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } Valley Cemetery Sonoma, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Casket & Funeral Service Complete		
Complete Funeral (except outlays)	$ 45	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.50
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		3.50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
.....		
Sales Tax		68
Total Footing of Bill	$ 45	68
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
1-22-54	Statement To Above Balance		$
11-22-54	By Payment Cash	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Mar 8, 1954	on acct	$ 10 —	$
Dec 28, 54	" "	$ 5	$
May 14, 55	" "	$ 10	$
Jan 19, 1956	" "	$ 10	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 13 1953

Name of Deceased Michael Charles Briggs W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 321 Virgna St. Sonoma, Calif. ☐Husband ☐Wife ☐Widow } or.....of } Age of Husband or Wife (if living).....Years

Charge to No. 6 Charge

Address Report from Dr. + Employer

Order given by Safeway Stores (Will not pay bills) (or informant)

How Secured

If Veteran, State War No

Occupation none (Social Security Number)

Complete Funeral (except outlays)	$		
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $..... Hair Dressing, $			
Dressing Body, $..... Underwear, $			
Suit or Dress (State Kind and Color)			

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

August 13, 1953

This is to Authorize Dr. Andrews, or associates to perform an Autopsy on my infant son, Michael Charles Briggs.

Signed Dick C. Briggs Father

Size of Casket Baby Land (State Color and Number)

Manufactured by .....

Cemetery / ~~Crematory~~ } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

.....line Death Notices in 1 Papers 5.00

(Names of Newspapers)

Sales Tax			
Total Footing of Bill	$		
Less	$		
Balance	$		

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found Aug 10 1953

Name of Deceased Willie James Negro
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Transcient ☐Husband ☐Wife ☐Widow or..... of } Katie James

Age of Husband or Wife (if living).....Years

Charge to County

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War Unk

Occupation Unk (Social Security Number)

Employer and Address.....

Date of Death Found Aug 10, 1953 8:30 A. (Date) (Hour)

Date of Birth Dec 25 1911

Age 41 (Years) (Months) (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Unk

Birthplace Nancefield, Ohio

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Nobles Ranch, Near Bears Point

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa, Calif

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket County (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	60 30
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		3015 3
Dressing Body, $..... Underwear, $		9045
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		15 -
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$	76 20
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance
8-20-53	To Above Balance Claim filed	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	" "	$	$
Sept 19 1953	" Full	$ 76 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 13 1953

Name of Deceased Michael Charles Briggs W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 321 Virginia St. Sonoma, Calif. ☐Husband ☐Wife ☐Widow of.....

Charge to N.O. Charge

Address Report from Dr. + Employer

Order given by Safeway Stores (Will not pay bills) (or informant)

How Secured

If Veteran, State War No

Occupation None

(Social Security Number)

oyer and Address

of Death Aug. 13. 1953 4:30 P. (Date) (Hour)

of Birth Aug. 13. 1953 6 hrs. (Years) (Months) (Days)

of Funeral Aug. 14 Fri 2:30 P.M. (Date) (Day of Week) (Hour)

ces at Chapel

yman Howard Davis (Address)

ion of the Deceased Prod.

place Calif.

ded in the State (or U. S. or City or County) (Years) (Months)

e of Death Sonoma District Hospital

e of Death Cardio-respiratory Collapse

ributory Causes

ifying Physician Wayne M. Craven M.D. (or Coroner)

Address Sonoma, Calif.

e of Father Isaac C. Briggs

Birthplace Calif.

den Name of Mother Sally Ann Kohn

Birthplace Illinois

r } Remains to

Size of Casket Our Own - Baby Casket (State Color and Number)

Manufactured by

Cemetery / Crematory } Valley Cemetery Sonoma

Babyland

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$
Casket	No Charge
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Father supposed to pay Minister $5.00	
...line Death Notices in ... Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found Aug. 10 1953

Name of Deceased Willie James Negro
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Transient ☐Husband ☐Wife ☐Widow or..... of Katie James

Charge to County

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, State War Unk

Occupation Unk (Social Security Number)

Employer and Address.....

Date of Death Found Aug. 10, 1953 8:30 A. (Date) (Hour)

Date of Birth Dec. 25, 1911

Age 41 (Years) (Months) (Days)

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Unk

Birthplace Nancefield, Ohio

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Noble's Ranch, Near Fears Point

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa, Calif.

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket County (State Color and Number)

Manufactured by Golden State C. Co

Cemetery Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	$ 60	30
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		3015
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		9045
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	15	
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		90
Total Footing of Bill	$ 76	20
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-20-53	To Above Balance Claim filed		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		"	$	$
	" "	$	$	Sept 19 1953	" Paid	$ 76 20	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 15 1953

Name of Deceased Robert Timothy Stender

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Bx 160 Oakdale, Calif. ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Olivia Brown

Address Father - Robert Stender - (above)

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Stillbarn (Social Security Number)

Employer and Address.....

Date of Death Aug 15, 1953 (Date) (Hour)

Date of Birth Aug 15th

Age Stillborn (Years) (Months) (Days)

Date of Funeral Aug. 17 Mon 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sona District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma

Name of Father. Robert Stender

His Birthplace Calif.

Maiden Name of Mother Dorothy Ann Casey

Her Birthplace Calif.

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by: Our Own

Cemetery Crematory } Mt. Cemetery Sonoma

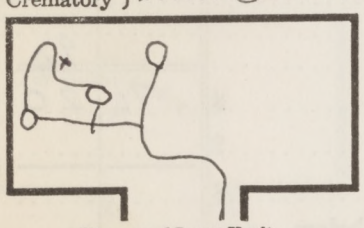

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Casket + Services - Complete Funeral (except outlays) $	125	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		7.50
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		3 / 2.25
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	15	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Family Paid Breast at Grave		
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		33
Total Footing of Bill $	35	23
Less Breast at Grave $	5	
Balance $	40	23

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$20 —	$
	" "	$	$	Aug 15, 1953	on acct By mrs Birion	$	$
	" "	$	$		"	$	$
	" "	$	$	Aug 17	" on acct	$20 23	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 1953

Name of Deceased Hazel Helen Jacobs W.

☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 223 B Sonoma ☐Husband ☐Wife ☐Widow or.....of } Neal

Charge to: Neal Jacobs Age of Husband or Wife (if living).....Years

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Teacher No. (Social Security Number)

Employer and Address

Date of Death Aug. 17, 1953 (Date) 10 P. (Hour)

Date of Birth Feb. 11, 1893

Age 60 (Years) (Months) (Days)

Date of Funeral Aug. 20 (Date) Thurs. (Day of Week) 1 P. (Hour) M.

Services at: Graveside

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Selvera Reed (or Coroner)

His Address Santa Rosa, Cal.

Name of Father John Eldredge

His Birthplace

Maiden Name of Mother Howard

Her Birthplace Calif.

Motor Ship } Remains to

Size of Casket Grey 5 ch (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. View Cem. Oakland

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		17 50
Suit or Dress (State Kind and Color)		3
Slippers, $..... Hose, $		5 17 50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service, Minister		10 -
Cem. & Chapel		96 40
....line Death Notices in S. F. Papers (Names of Newspapers)		3 78
		5 18
Sales Tax		
Total Footing of Bill	$	460 36
Less 1/2 - 30 days	$	17 25
Balance	$	443 11

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	Balance	$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Aug 20, 1953	" Joyce	$ 443 11	$
	" "	$	$		" "	$	$
8/22/53	Statement	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

JACOBS—In Sonoma, August 17, 1953, Hazel Helen Jacobs, dearly beloved wife of Neal Jacobs of Sonoma; a native of California.
Private graveside services were conducted Thursday, August 20, at Mt. View Cemetery, Oakland.
Bates & Evans, Funeral Directors, Sonoma, in charge.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

270

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 25 1953

Name of Deceased Dixie Smith W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Rt 1 Bx 405 Eldorado ☐ Husband ☐ Wife ☐ Widow

Charge to: Carriger Rd or.....of Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Complete Funeral (except outlays)	$ 55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		7 69 3
Suit or Dress (State Kind and Color)		

TELEPHONE 2686

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

August 29, 1953

I hereby acknowledge receipt of key, to the home of Dixie Smith - and I will be in touch with Sophia Vlekas, before I enter home -

Signed, Ray Walters
Nephew of Dixie Smith.

Size of Casket..... (State Color and Number)

Manufactured by:.....

Cemetery / Crematory } Chapel of the Chimes S R

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

.....line Death Notices in.....Papers (Names of Newspapers)

Sales Tax		83
Total Footing of Bill	$ 76	20
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9-1-53	To Above Balance Filed With County	$	$		To Balance Forward	$	$
	By Payment	$	$	Sept 19 1953	By Payment	$	$
	" "	$	$		"	$ 76 20	$
	" "	$	$	Dr Paid	" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 26 19 53

Name of Deceased Frank William Carlson (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 2 Bx 166 Sonoma ☐Husband ☐Wife ☐Widow } Rena
or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Rena Carlson

Address Above

Order given by..... (or informant)

How Secured:

If Veteran, State War no

Occupation Lumber Clerk 553-26-8338 (Social Security Number)

Employer and Address

Date of Death August 26, 1953 (Date) 11:25 A (Hour)

Date of Birth Dec 18, 1888

Age 64 (Years) (Months) (Days)

Date of Funeral Aug 29 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at: Chapel

Clergyman Temple Lodge #14 7:8 a.m. (Address)

Religion of the Deceased Prod

Birthplace Missoure

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Multiple Pulmonary infarctions

Contributory Causes Mural Thrombus Myocardial infarctions

Certifying Physician Harold S. Shuler M.D. (or Coroner)

His Address County Hospital

Name of Father Carl John Carlson

His Birthplace Sweden

Maiden Name of Mother Christina Reed

Her Birthplace Sweden

Motor Ship } Remains to

Size of Casket 95-H H.P. (State Color and Number)

Manufactured by Golden State 6.60

Cemetery Crematory } Mt Cemetery Sonoma

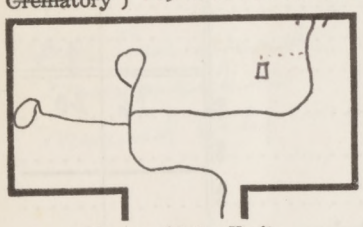

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	313 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		15.650
Dressing Body, $..... Underwear, $		1.5
Suit or Dress (State Kind and Color)		17.150
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		5.1450
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music - Terrace - Mariachi		10 —
Temple Lodge #14 Service		
...line Death Notices in ..... Papers (Names of Newspapers)		
Index Posted		3 6.1
		51 15 —
Sales Tax		
Total Footing of Bill	$	401 76
Less 16 40 — 30 days	$	16 40
Balance	$	385 — 36

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
9-21-53	statement		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 29 1953	" Paid	$385 — 36	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

270

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 25 1953

Name of Deceased Dixie Smith W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Rt 1 Bx 405 Cloverdale ☐Husband ☐Wife ☐Widow

Charge to: Carriger Rd or.....of Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.

Occupation At home No. (Social Security Number)

oyer and Address.....

of Death Aug 25, 1953 5:30 P. (Date) (Hour)

of Birth.....

76 (Years) (Months) (Days)

f Funeral..... M. (Date) (Day of Week) (Hour)

s at:.....

man:..... (Address)

n of the Deceased.....

ace Napa Calif.

in the State..... (or U.S. or City or County) (Years) (Months)

Death enroute to County Hospital

f Death Cerebro-Vascular Accident

tory Causes Hypertensive Arteriosclerotic

disease - Chr. Alcoholism

g Physician Michael N. Mikita M.D. (or Coroner)

ess Boyes Hot Springs

Father.....

place.....

Name of Mother.....

place.....

mains to.....

Size of Casket..... (State Color and Number)

Manufactured by:.....

Cemetery / Crematory } Chapel of the Chimes D R

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		2769
Suit or Dress (State Kind and Color)		3
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		8307
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	15	-
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Richardson	5	-
....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$ 76	20
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
9-1-53	Filed With County		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
Sept 19 1953	To Balance Forward		$
	By Payment	$	$
	" "	$	$
	" "	$ 76 20	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Paid in full

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 26 19 53

Name of Deceased Frank William Carlson (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Bx 166 Sonoma ☐Husband ☐Wife ☐Widow of Rena

Charge to: Mrs. Rena Carlson Age of Husband or Wife (if living)..... Years

Address: above

Order given by..... (or informant)

How Secured:

If Veteran, State War no

Occupation Lumber Clerk 553-26-8338 (Social Security Number)

Employer and Address

Date of Death August 26, 1953 (Date) 11:25 A (Hour)

Date of Birth Dec 18, 1888

Age 64 (Years) (Months) (Days)

Date of Funeral Aug 29 (Date) Sat (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman Temple Lodge #14 7:8 A.M. (Address)

Religion of the Deceased Prod

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Multiple Pulmonary infarctions

Contributory Causes Mural Thrombus

Myocardial infarctions

Certifying Physician Harold S. Shuler M.D. (or Coroner)

His Address County Hospital

Name of Father Carl John Carlson

His Birthplace Sweden

Maiden Name of Mother Christina Reed

Her Birthplace Sweden

Motor Ship } Remains to

Size of Casket 95-H H.P. (State Color and Number)

Manufactured by Golden State 6.60

Cemetery Crematory } Mt. Cemetery Sonoma

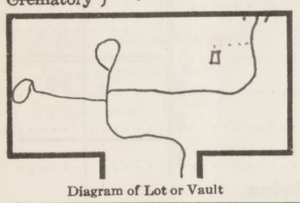

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 313	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		15.650
Suit or Dress (State Kind and Color)		1.5
Slippers, $ ... Hose, $		17.150 3
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		5.1450
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Music - Terrace Mariachi	10	-
Temple Lodge #14 Service		
...line Death Notices in ... Papers		
Index Posted (Names of Newspapers)	3	6.1
Sales Tax	5	15
Total Footing of Bill	$ 401	7.6
Less 16.40 - 30 days	$ 16	40
Balance	$ 385	36

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
9-21-53	Statement To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 29, 1953	" Joe Gull	$ 385 - 36	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

272

RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry Aug 29 1953

Name of Deceased Luigi Vocali

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race) W

Residence: Box 65 - Fellers Springs ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: County -

Address

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Laborer - (Social Security Number)

Employer and Address

Date of Death Aug 29, 1953 (Date) (Hour)

Date of Death Nov 2, 1876

Age 78 (Years) Sept 1 (Months) (Days)

Date of Funeral ~~Aug~~ Sept 1 - Tue (Date) (Day of Week) 9.9 (Hour) M.

Services at: St. Frances

Clergyman:

Religion of the Deceased Catholics (Address)

Birthplace Italy -

Resided in the State

Place of Death County Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death:

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Frank Vocali

His Birthplace Italy

Maiden Name of Mother Kathleen -

Her Birthplace Italy

Motor / Ship } Remains to

Size of Casket Covered China - (State Color and Number)

Manufactured by: Golden State C. Co.

Cemetery / ~~Crematory~~ } Catholic Cemetery -

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		2769
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		1837
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		15 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass		5 -
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$	76 20
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
9-3-53	Filed With Co. Auditor						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 1953	" Bill	$ 76 20	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 30 1953

Name of Deceased Dorothy Doane (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Sonoma Grove, Cal. — ☐Husband ☐Wife ☐Widow of..... of } Age of Husband or Wife (if living).....Years

Charge to: Guaranteed By Ed. Woods

Address. Insurance

Order given by..... (or informant)

How Secured:

If Veteran, State War U.S.

Occupation Student 497-34-0122 (Social Security Number)

Employer and Address Dr. Marcum

Date of Death Aug. 30, 1953 12:50 P. (Date) (Hour)

Date of Birth Dec. 30, 1933

Age 19 (Years) (Months) (Days)

Date of Funeral Sept. 1 Tue. 11 A. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Coleman (Address)

Religion of the Deceased Prod.

Birthplace Kansas

Resided in the State 2 mos (or U. S. or City or County) (Years) (Months)

Place of Death Hiway 12 - Sonoma Grove

Cause of Death Crushing of Chest +

Contributory Causes Accident by large Wheel of Lumber Truck

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Richard Doane

His Birthplace Arkansas

Maiden Name of Mother Minnie Baker

Her Birthplace Missouri

Motor Ship } Remains to.....

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } Removal - Mound City, Missouri

Bill Crawford
Mortician
Mound City -

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box Shipping box (State Kind)		25 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress 17 — no tax. Out of State (State Kind and Color)		17 —
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Fares to Missouri		122 57
Out of town Undertaker's Charges		
Personal Service		
Music - donated by Paul Marcucci Jr.		
....line Death Notices in..... Papers		
Rev. Coleman (Names of Newspapers)		10 —
Sales Tax Out of State —		
Total Footing of Bill	$	519 57
Less 17.25 30 days	$	17 25
Balance	$	502 32

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
Statement	"	$	$		" "	$	$
W. Joyce	"	$	$	Jan	" "	$ 519 57	$
Oct 1-53	"	$	$	Feb 8, 1954	" full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

274

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 2 19 53

Name of Deceased Charles F. Meckel W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Box 143 Boyes Hot Springs ☐Husband ☐Wife ☐Widow of Maude E.

Charge to: Mrs. Maude E. Meckel Age of Husband or Wife (if living).....Years

Address above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Auto Painter No (Social Security Number)

Employer and Address

Date of Death Sept 2, 1953 (Date) 12:55 A. (Hour)

Date of Birth Oct 18, 1876

Age 76 (Years) (Months) (Days)

Date of Funeral Sept 2 (Date) Wed (Day of Week) 2 P. M. (Hour)

Services at Chapel of the Chimes S.R.

Clergyman: Committal only (Address)

Religion of the Deceased Prod

Birthplace Illinois

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death Myocardial failure

Contributory Causes Adeno Carcinoma of Pancreas

Certifying Physician Michael M. Mikita MD (or Coroner)

His Address Boyes Hot Springs

Name of Father Charles F. Meckel

His Birthplace Germany

Maiden Name of Mother Ida Degenfeld

Her Birthplace Germany

Motor / Ship } Remains to

Size of Casket 95.60 Cov Grey Am (State Color and Number)

Manufactured by F. J. Casket Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	215 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		10 50
Dressing Body, $ ..... Underwear, $		3 —
Suit or Dress (State Kind and Color)		22 50
Slippers, $ ..... Hose, $		3 —
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Casket Spray		5 15
Out of town Undertaker's Charges		
Personal Service		
....line Death Notices in ..... Papers		
S.F. Examiner (Names of Newspapers)		5 88
Sales Tax		3 23
Total Footing of Bill	$	274 26
Less 1 c/c	$	1 00
Balance	$	275 26
Entered into Ledger, page .....or below.		10 75
		264 51

MECKEL—In Sonoma, September 2, 1953, Charles F. Meckel, dearly beloved husband of Maude E. Meckel of Boyes Hot Springs, loving uncle of Kneel Fuller of Castro Valley; a native of Illinois, aged 76 years. A member of Pacific Lodge No. 136, F. & A. M., S. F., and Scottish Rite Bodies of Islaam Temple, S. F. Private funeral services were held September 2, at 2 p. m., at the Chapel of the Chimes, Santa Rosa, under the direction of Bates & Evans, Funeral Directors, Sonoma.

		Amount Paid	Balance	Date		Amount Paid	Balance
ance		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$		" "	$	$
" "		$	$	Sept 13 53	" Jan full	$ 264 51	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 6 19.53

Name of Deceased Lillian Maude Badley (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1st. St. & Grove, El Verano ☐Husband ☐Wife ☐Widow or.....of Arthur Age of Husband or Wife (if living).....Years

Charge to Earl Converse - Bro. Mabel Bonnell - Sis

Address Sonoma

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation At home ? (Social Security Number)

Employer and Address

Date of Death Sept 6, 1953 11:45 P. (Date) (Hour)

Date of Birth June 26, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral Sept 9 (Date) Wed (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman: W. S. Simmons (Address)

Religion of the Deceased Prod.

Birthplace Iowa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address County Hospital

Name of Father Albert Converse

His Birthplace Mass.

Maiden Name of Mother Lucy Shepherson

Her Birthplace Maine

Motor Ship } Remains to

Size of Casket 9469 Grey Am. (State Color and Number)

Manufactured by P. F. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1.00
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		1.15
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		3.45
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Organ Only - Marcuse		5 —
line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5 00
		3 00
Sales Tax		
Total Footing of Bill	$	283 00
Less	$	10 75
Balance	$	272 25

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Sept 11, 53	By Payment	$ 272 25	$
	" "	$	$		By Earl Converse " "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

276

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..Sept 10.....19 53

Name of Deceased..Bernard Davitto W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 151A Sonoma ☐Husband ☐Wife ☐Widow } Domenica

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs Domenica Davitto

Address..above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War.....

Occupation Fruit Rancher 125-18-9670 (Social Security Number)

Employer and Address.....

Date of Death Sept 10, 1953 (Date) 3:30 A. (Hour)

Date of Birth June 23, 1903

Age 50 (Years) (Months) (Days)

Date of Funeral..... (Date) (Day of Week) (Hour) M.

Services at: St Frances

Clergyman:..... (Address)

Religion of the Deceased Catholic

Birthplace New Mexico

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Franklin Hospital S.F.

Cause of Death Cerebral Hemorrhage

Contributory Causes Severe bleeding tendency

Acute Monocytic Leukemia

Certifying Physician Dr Wm A. Gellert (or Coroner)

His Address 22 1- Post St

Name of Father George Davitto

His Birthplace Italy -

Maiden Name of Mother Matilda Gedda

Her Birthplace: Italy -

Motor Ship } Remains to.....

Size of Casket Metal Sealer (Weather) (State Color and Number)

Manufactured by S. F. Casket Co. -

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 836	-
Casket		
Burial Vault or Box ...Steele (State Kind)	175	-
Embalming Body (Name of Embalmer)		
Barber, $.....Hair Dressing, $		
Dressing Body, $.....Underwear, $		4 18
Suit or Dress (State Kind and Color)		1 75
Slippers, $.....Hose, $		5 93
Folding Chairs, $.....Tarpaulin, $		3
Candelabrum, $.....Candles, $		17 79
Door Spray, $.....Gloves, $		
Funeral Car, $.....Ambulance, $		
Limousines to Cemetery.....@ $		
Extra Limousines .....@ $		
Autos to R. R. Station.....@ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit..S.F. (State Number and District)	1	00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: 2 Graves	200	
Cremation		
Flowers, $.....Palms, $.....Matting, $		
Rental of Tent, $....of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $.....Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.....Singers, $....Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
: Mass	15	-
....line Death Notices in....Papers		
S.F. Examiner (Names of Newspapers)	18	48
Local Notice	3	61
Sales Tax	17	79
Total Footing of Bill	$ 129	88
Less 50.55 - 30 days	$ 50	55
Balance	$ 124	33

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
9-14-53	Statement			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Sept 24, 1953	"	$ 124	33	$	
		$		$			"	$		$	
		$		$			"	$		$	
		$		$			"	$		$	
		$		$			"	$		$	
		$		$			"	$		$	

DAVITTO—In San Francisco, Sept. 10, 1953, Bernard Davitto, dearly beloved husband of Mrs. Domenica Davitto of Sonoma, beloved father of Bernard Davitto Jr. and Georgiana Davitto of Sonoma, adored son of Mrs. Matilda Davitto of Union City, New Jersey, loving brother of Joseph and Arthur Davitto of Union City, New Jersey, and Mrs. Anna Rovere of Mountain View, New Jersey; a native of New Mexico, aged 50 years.

Friends are invited to attend the funeral services Monday, Sept. 14, at 9 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 20 1953

Name of Deceased James David Church W.
(What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Rt. 2 Box 401 Sonoma 5th St East

☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Al Church

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No.

Occupation Student 572-46-1042 (Social Security Number)

Employer and Address .....

Date of Death Sept 20, 1953 (Date) 2:45 (Hour)

Date of Birth Dec 26, 1936

Age 16 (Years) 8 (Months) 24 (Days)

Date of Funeral Sept 23 (Date) Wed (Day of Week) 9:30 A.M. (Hour)

Services at St Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Oakland, Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa Cal

Name of Father William T. Church

His Birthplace Sonoma Cal

Maiden Name of Mother Agnes Faulds

Her Birthplace San Francisco, Cal

Motor / Ship } Remains to .....

Size of Casket 94 60 - Grey Doe (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } MC Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$ 243	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $	50	
Dressing Body, $ 50 Underwear, $	5 -	1 5-5
Suit ~~or Dress~~ 10 — 14 32 24 (State Kind and Color)		10 82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		1.71.50
Candelabrum, $ ..... Candles, $		15
Door Spray, $ ..... Gloves, $		1.50
Funeral Car, $ ..... Ambulance, $		10.50
Limousines to Cemetery ..... @ $		148.50
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		
Getting Remains from		44.50
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5 -	-
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Mass	15	-
.....		
..... line Death Notices in ..... Papers	3	61
Local (Names of Newspapers)		
Sales Tax	4	10
Total Footing of Bill	$ 348	08
Less 12.96 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 27 53	" On Acct	202 60	$
	" "	$	$	Dec 22 53	Dr Fuller	145 58	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 29 1953

Name of Deceased Helen Mary Montague W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 242 Sonoma Donald Ave. ☐Husband ☐Wife ☐Widow of Lon

Charge to Lon Montague El Verano. Age of Husband or Wife (if living).....Years

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home None (Social Security Number)

Employer and Address.....

Date of Death Sept. 29, 1953 (Date) 2:04 P. (Hour)

Date of Birth July 7, 1883

Age 70 (Years) (Months) (Days)

Date of Funeral Oct. 1 (Date) Thurs (Day of Week) 2:30 P.M. (Hour)

Services at Chapel

Clergyman Rev. Wm. J. McMurdie (Address)

Religion of the Deceased Prod.

Birthplace Wisconsin

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Peter Peterson

His Birthplace Norway

Maiden Name of Mother Barbara Larsen

Her Birthplace Norway

Motor Ship } Remains to.....

Size of Casket 9460 Grey Deer (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 243	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress 17 — 24 51 (State Kind and Color)	17	51
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		12 150
Door Spray, $..... Gloves, $		1 50
Funeral Car, $..... Ambulance, $		17 50
Limousines to Cemetery ..... @ $		15 3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4 60 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Organ Marcuse	5	—
Rev. M. McMurdie	10	—
....line Death Notices in ..... Papers		
Index Tribune (Names of Newspapers)	3	6.1
Sales Tax	4	10
Total Footing of Bill	$ 353	22
Less 12 90	$ 12	90
Balance	$ 340	32
Entered into Ledger, page .....or below. Past	2	50

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Oct. 1 1953	" Full	342 82	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 7 1953

Name of Deceased Agnes J. Marshall W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 4266 Llano Rd Santa Rosa ☐ Husband ☐ Wife ☐ Widow } George A.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George A. Marshall

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation at home No (Social Security Number)

Employer and Address .....

Date of Death Oct 7, 1953 7:17 P. (Date) (Hour)

Date of Birth Feb 1, 1878

Age 75 (Years) (Months) (Days)

Date of Funeral Oct 10 - Sat 2 P. M. (Date) (Day of Week) (Hour)

Services at O'Learys Chapel Sebo

Clergyman Glyde Coplin D.D. (Address)

Religion of the Deceased Prod.

Birthplace Ireland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father George A. Falconer

His Birthplace Ireland

Maiden Name of Mother Martha Robinson

Her Birthplace York

Motor / Ship } Remains to .....

Size of Casket Orchid 2 Ch (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory Sebastopol Cem. Seb.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 479	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit or~~ Dress 17- ~~14.51~~ (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		239 50
Candelabrum, $ ..... Candles, $		17 -
Door Spray, $ ..... Gloves, $		25 50 3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		7 69 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ for Casket	20	60
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot Sebastopol Cemetery		-
~~Cremation~~ 2 graves - Vault, Vase, open & closing	334	29
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Master Themselves		
Mrs. " Themselves		
....line Death Notices in ..... Papers		
Press - Democrat (Names of Newspapers)	5	00
Sales Tax	7	19
Total Footing of Bill ..... $	863	59
Less Courtesy Discs ..... $	71	85
Balance ..... $	791	74
Entered into Ledger, page ..... or below.	56	65
	848	39

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
Oct 8, 1953	on acct	$200 -	$
Aug 23,	Inquest	$648 39	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 9 1953

Name of Deceased Peter Carlson W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2421 - 7th St. Berkeley ☐Husband ☐Wife ☐Widow } Ellen D.

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Selma Wall

Address 617 Green Ave San Bruno

Order given by Evelyn Wiklander

How Secured (or informant) Tuscaloosa Atherton, Cal

If Veteran, State War Wo

Occupation Chicken Rancher No.

(Social Security Number)

Employer and Address

Date of Death Oct. 9, 1953 2:20 P.M.

(Date) (Hour)

Date of Birth Aug. 28, 1879

Age 74 (Years) (Months) (Days)

Date of Funeral Oct 12 Mon 2 P.M.

(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Richardson Sonoma

(Address)

Religion of the Deceased Prod.

Birthplace Sweden

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Herrick Memorial Berkeley

Cause of Death Pulmonary Congestion due to

Contributory Causes Aortic Stenosis

Compression Fracture

Certifying Physician Bernard D. Bungarz

(or Coroner)

His Address 480-4th St. Oakland, Cal.

Name of Father

His Birthplace Sweden

Maiden Name of Mother

Her Birthplace Sweden

Motor / Ship } Remains to

Size of Casket Taupe

(State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	415 —
Casket		75 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		20 50
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		22 50
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		6 75
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Richardson		10 —
Music - Marcuse Jr. Foster Co.		10 —
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Sales Tax		6 68
Total Footing of Bill	$	515 29
Less 21.50 - 20 days 1%	$	1
Balance	$	516 29
Entered into Ledger, page .....or below.		21 50
		494 79

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10-16-53	Statement Mrs Wall — To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Nov 13	By Payment	$	$
	" "	$	$		~~494~~ In full	$ 494 79	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 13 1953

Name of Deceased Rudolph Simonich (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Box 397 Boyes Hot Springs ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to County

Address .....

Order given by Sweeney (or informant)

How Secured .....

If Veteran, State War .....

Occupation Porter 7 (Social Security Number)

Employer and Address Sonoma Mission Inn

Date of Death Oct 13, 1953 (Date) 12:50 P. (Hour)

Date of Birth Sept 15, 1894

Age 59 (Years) (Months) (Days)

Date of Funeral Oct 16, Fri (Date) (Day of Week) 10 a. M. (Hour)

Services at Chapel

Clergyman Rev Howard Davis Boyes Springs (Address)

Religion of the Deceased Prod.

Birthplace Michigan

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death Pulmonary

Contributory Causes Tuberculosis

.....

Certifying Physician Ransom B. Turner M.D. (or Coroner)

His Address County Hospital

Name of Father Rudolph Simonich

His Birthplace Austria

Maiden Name of Mother Mary Krasbavich

Her Birthplace Austria

Motor Ship } Remains to .....

Size of Casket #8 Flat Top Grey (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 55	37
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		27.69
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		18.3.07
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb Cremation	15	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Rev. Davis	5	00
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		83
Total Footing of Bill	$ 76	20
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance
10-18-53	Filed with Co. Auditor		
	To Above Balance	$	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
Nov 19, 1953	" Full	$	$
	"	$	$
	"	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 12 19 53

Name of Deceased Mabel (Eda) Vacke W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: El Verano Cal. ☐Husband ☐Wife ☐Widow } .....

or.....of } Age of Husband or Wife (if living).....Years

Charge to: Vernon Silvershield

Address: S. R.

Order given by Joe Ulrich friend (or informant)

How Secured

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death Oct. 12, 1953 (Date) 6:50 P. (Hour)

Date of Birth March 1, 1885

Age 68 (Years) (Months) (Days)

Date of Funeral Oct 19 (Date) Mon (Day of Week) 9:30 A. (Hour) M.

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace N. Carolina

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death Broncho-Pneumonia

Contributory Causes Hypertensive Cardio Vascular Disease

Certifying Physician Co. Hospital Not on Burial permit (or Coroner)

His Address

Name of Father John Kanterwitz

His Birthplace

Maiden Name of Mother Nancy Sawyers

Her Birthplace N. Carolina

Motor Ship } Remains to

Size of Casket ~~#4538 Cou 272~~ #80 Flat Top (State Color and Number) Burial Casket Co

Manufactured by ~~Sabine Y. Empress Dull Lined~~

Cemetery Crematory } ~~Evergreen Interment~~ Catholic Cem. Donora

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$	145	—
Casket			
Burial Vault or Box (State Kind)		15	
Embalming Body (Name of Embalmer)			10
Barber, $ ..... Hair Dressing, $			7½
Dressing Body, $ ..... Underwear, $			1.5
Suit or Dress (State Kind and Color)			87.50 3
Slippers, $ ..... Hose, $			
Folding Chairs, $ ..... Tarpaulin, $			
Candelabrum, $ ..... Candles, $			26.25
Door Spray, $ ..... Gloves, $			
Funeral Car, $ ..... Ambulance, $			
Limousines to Cemetery ..... @ $			
Extra Limousines ..... @ $			
Autos to R. R. Station ..... @ $			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $ .... Use of Chapel, $			
Gross Total for Sales Tax	$		
Outlay for Lot One Grave		100	—
Cremation Filed by Henry ~~Fraser~~ Heirs			
Flowers, $ ..... Palms, $ ..... Matting, $		Feb 17, 1953	
Rental of Tent, $ .... of Temporary Vault, $			
Opening of Grave or Tomb		25	—
Lining Grave, $ ..... Lowering Device, $			
Outlay for Shipping Charges			
Clergyman, $ ..... Singers, $ .... Organist, $			
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. Mass		15	
Flowers		10	20
... line Death Notices in ..... Papers (Names of Newspapers)			
Sales Tax		2	73
Total Footing of Bill	$	213	03
Less 8.00 - 30 days	$		
Balance	$		

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10-27-53	Filed With Frazer						
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Feb 17, 53	" "	$ 213 03	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 17 1953

Name of Deceased Theresa Rosa Greiner W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Buena Vista Rd Sonoma ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to Joseph C. Greiner

Address New Orleans, La.

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation At home. Ns (Social Security Number)

Employer and Address.....

Date of Death Oct 17, 1953 (Date) 9:30 A. (Hour)

Date of Birth August 27, 1905

Age 48 (Years) (Months) (Days)

Date of Funeral Oct 20 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Services at St. Frances Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Toxemia - Gangrenous Small Bowel - incarcerated abdominal hernia -

Contributory Causes.....

Certifying Physician Vernon Silverfield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Joseph Greiner

His Birthplace Hungary

Maiden Name of Mother Theresa Zuckmeister

Her Birthplace Hungary

Motor Ship } Remains to.....

Size of Casket #4538 - Cov 272 (State Color and Number)

Manufactured by A. F. Casket Co

Cemetery Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) $	449	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $ tax	3	61
~~Suit or~~ Dress 17 - 14 51 (State Kind and Color)	17	51
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		224.50
Door Spray, $ Gloves, $		17 - 50
Funeral Car, $ Ambulance, $		13
Limousines to Cemetery @ $		160.00
Extra Limousines @ $		3
Autos to R. R. Station @ $		7.80
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Reserved one more space		
Cremation for Grandma		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Casket A. Spray	25	75
Out of town Undertaker's Charges		
Personal Service Mass	15	00
line Death Notices in Papers	2	61
Indep. Tribune (Names of Newspapers)		
Sales Tax	7	19
Total Footing of Bill $	561	67
Less 23 20 - 30 days $		
Balance $		

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
10-27-53	Filed with To Above Balance	A R M. $	$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
May 7, 1954	By Payment	$ 561 67	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

284

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 18 1953

Name of Deceased Charles A. Payne W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Crescent City Caly ☐Husband ☐Wife ☐Widow } .....

Charge to Leslie R. Payne or.....of } Age of Husband or Wife (if living).....Years

Address. Rt. 1 B 4 560 A Crescent City

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Photographer (Social Security Number)

Employer and Address.....

Date of Death Oct 18, 1953 (Date) 6:30 A. (Hour)

Date of Birth March 9, 1888

Age 65 (Years) (Months) (Days)

Date of Funeral Oct 22, 1953 (Date) Thurs (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman. Ernest Warrill (Address) Sonoma

Religion of the Deceased. Prod.

Birthplace. Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death. Seaside Hospital Crescent City

Cause of Death Terminal Broncho Pneumonia

Contributory Causes. Cerebral Thrombosis Hypertensive Cardio-Vascular disease

Certifying Physician Bertrand A. Vipond M.D. (or Coroner)

His Address. Crescent City

Name of Father. Daniel Payne

His Birthplace. L. I.

Maiden Name of Mother. Lottie Sterrett

Her Birthplace. Iowa

Motor Ship } Remains to.....

Size of Casket Bought at Roeder Fun. Home (State Color and Number)

Manufactured by..... Crescent City

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays) Chapel, marker, gloves, Cars, services	$	60 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		35 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service. Rev. Warrill		10 -
Music - Marcucci - Dunbar		10 -
line Death Notices in ..... Papers		
Local - Posted		3 61
(Names of Newspapers) Press Democrat		5 00
Sales Tax		1 80
Total Footing of Bill	$	125 41
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Oct 31 1953	By Payment	$	$
	" "	$	$		" In full	$ 125 41	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 20 19 53

Name of Deceased Janice Kaye Mazza (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: 217 Perkins St Sonoma ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to: Joseph (Babe) Mazza

Address: Abouve

Order given by..... (or informant)

How Secured:

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death Oct 20, 1953 (Date) 9 P M (Hour)

Date of Birth Sept 4, 1953

Age 1 (Years) (Months) 16 (Days)

Date of Funeral Oct 22 (Date) Thurs (Day of Week) 9:30 A.M. (Hour)

Services at: Chapel

Clergyman: Father Roberts (Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Joseph Mazza

His Birthplace Sonoma, Cal

Maiden Name of Mother Katherine

Her Birthplace Missouri

Motor Ship } Remains to

Size of Casket 2/0 (State Color and Number)

Manufactured by

Cemetery Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 40	—
Casket		
Burial Vault or Box (State Kind)	10	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		20
Dressing Body, $ ... Underwear, $		10
Suit or Dress (State Kind and Color)		30
Slippers, $ ... Hose, $		3
Folding Chairs, $ ... Tarpaulin, $		40
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax ... $		
Outlay for Lot 2 Posts @ 2.50	$	5 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	12	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
Father Roberts	5	—
...line Death Notices in ... Papers		
(Names of Newspapers)		
Sales Tax		60
Total Footing of Bill	$ 75	60
Less	$	
Balance	$	

Entered into Ledger, page ... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 2 1953	In full "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 31 19..53

Name of Deceased Frank R. Klotz W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 131 East 4th St Donoma ☐Husband ☐Wife ☐Widow } ..... or..... of } Age of Husband or Wife (if living).....Years

Charge to Colorado Hoddinott Mortuary

Address.....

Order given by Leonard Nordmann (or informant)

How Secured:.....

If Veteran, State War ~~Foo~~ WW #1

Occupation Salesman 561-03-1263 (Social Security Number)

Employer and Address.....

Date of Death Oct 31, 1953 (Date) 11:57 P. (Hour)

Date of Birth Jan. 14, 1890

Age 63 (Years) (Months) (Days)

Date of Funeral Nov. 2 (Date) Mon. (Day of Week) 3 P. M. (Hour)

Services at: Chapel

Clergyman Reader Mrs. Witt (Address)

Religion of the Deceased Prot.

Birthplace Caly

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Donoma

Name of Father John Klotz

His Birthplace Maryland

Maiden Name of Mother Colorado McConnell

Her Birthplace Kentucky

Motor Ship } Remains to .....

Size of Casket 9.5.6.0. Grey Arm (State Color and Number)

Manufactured by J. J. Casket Co.

Cemetery Crematory } Chapel & The Chimes C.P.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 212	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		50
Barber, $..... Hair Dressing, $		10 3
Dressing Body, $..... Underwear, $		5 0
Suit or Dress (State Kind and Color)		22
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$ 1	
~~Outlay for Lot~~ Express Shipping Ashes	4	36
Cremation	45	50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges Charges at Cem.	3	00
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Cemetery Charges		—
Out of town Undertaker's Charges		
Personal Service Reader Mrs. Witt	10	—
Two Music		
....line Death Notices in..... Papers		
Local (Names of Newspapers)	3	61
Obituary	6	00
Sales Tax	3	23
Total Footing of Bill	$ 290	70
Less 10.75 GC	$ 29	70
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
12-2-53	Filed With Govt.		
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Dec 5-53	On acct	$ 130 95	$
Dec 28 "	"In full Govt	$ 150 —	$
		$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 5 19 53

Name of Deceased John Seeley W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Buena Vista Rd. Fetters Springs ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Bob Gibson

Address Adobe

Order given by (or informant)

How Secured:

If Veteran, State War No.

Occupation Handy Man (Social Security Number)

Employer and Address

Date of Death Nov. 5, 1953 (Date) 8:40 A. (Hour)

Complete Funeral (except outlays) Special price - no more money	$	119 60
Casket		
Burial Vault or Box (State Kind)		25 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		5 80
Dressing Body, $..... Underwear, $.....		15
Suit or Dress (State Kind and Color)		7 48 0 3
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		2 40
Candelabrum, $..... Candles, $.....		

Form No. 1
(Funeral Director's Copy)

OFFICE OF
SONOMA COUNTY CORONER
SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated John Seeley for 2 days; that said party died on the 5th day of November, 19 53, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said John Seeley deceased, in order to determine and ascertain the cause of death.

Dated: November 5, 1953

R. L. Scott M.D.
Physician and Surgeon.

CR 1-250 Sets-6-49

Cemetery / Crematory } Valley View Sonoma

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

(Names of Newspapers)

Sales Tax		1 79
Total Footing of Bill	$	175 00
Less 8 00 30 days	$	
Balance	$	
Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 18, 1953	"	$ 175	$
	" "	$	$		" " Full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

286

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 31 19 53

Name of Deceased Frank R. Klotz W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 131 East 4th St Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Colorado Haddmott Market

Address.....

Order given by Leonard Hardman (or informant)

How Secured: .....

If Veteran, State War ~~Spa~~ - WW #1

Occupation Salesman 561-03-1263 (Social Security Number)

Employer and Address .....

Date of Death Oct 31, 1953 (Date) 11:57 A (Hour)

Date of Birth Jan 14, 1890

Age 63 (Years)

Date of Funeral [illegible]

Services at [illegible]

Clergyman [illegible]

Religion of the Dec[illegible]

Birthplace Ca[illegible]

Resided in the State

Place of Death [illegible]

Cause of Death: [illegible]

Contributory Causes

.....

Certifying Physician [illegible]

His Address [illegible]

Name of Father [illegible]

His Birthplace [illegible]

Maiden Name of Mot[illegible]

Her Birthplace [illegible]

Motor / Ship } Remains to [illegible]

Size of Casket [illegible]

Manufactured by [illegible]

~~Cemetery~~ / Crematory } [illegible]

Complete Funeral (except outlays)	$ 215	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		50
Barber, $ ..... Hair Dressing, $		10 50 3
Dressing Body, $ ..... Underwear, $		5 50
Suit or Dress (State Kind and Color)		22
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Clergyman		6 00
		3 23
Sales Tax		290 70
Total Footing of Bill	$	1 00
Less 10.75 YC	$	29 70
Balance	$	

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-2-53	Filed With Government.				To Balance Forward		
	To Above Balance				By Payment		
	By Payment				" "		
	" "			Dec 5 53	On acct	130 95	
	" "			Dec 28 "	In full	150 —	
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 5 19 53

Name of Deceased John Seeley (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Buena Vista Rd. Fetters Springs ☐Husband ☐Wife ☐Widow of..... Age of Husband or Wife (if living).....Years

Charge to: Mrs. Bob Gibson

Address Aboard

Order given by..... (or informant)

How Secured:

If Veteran, State War No.

Occupation Handy Man - ? (Social Security Number)

Employer and Address

Date of Death Nov. 5, 1953 (Date) 8:40 A (Hour)

Date of Birth Jan 29, 1882

Age 70. (Years) (Months) (Days)

Date of Funeral Nov 7 (Date) Sat (Day of Week) 11 A.M. (Hour)

Services at: Chapel

Clergyman: Rev. Richardson Sonoma (Address)

Religion of the Deceased Prod

Birthplace Colorado

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital SR

Cause of Death Lobar Pneumonia

Contributory Causes Dept. Lung

Certifying Physician Vernon Silversheld (or Coroner)

His Address Santa Rosa

Name of Father Frank Seeley

His Birthplace

Maiden Name of Mother Katherine

Her Birthplace

Motor / Ship } Remains to

Size of Casket #80 Grey Am (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Valley Cem Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Special price - no more money - Complete Funeral (except outlays)	$ 119	60
Casket		
Burial Vault or Box (State Kind)	25	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		5 80
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		7 48 0
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		24 40
Candelabrum, $ ..... Candles, $		21
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Richardson	10	-
....line Death Notices in ..... Papers		
Sonoma Sonoma (Names of Newspapers)	3	61
Sales Tax		1 79
Total Footing of Bill	$	175 00
Less 8.00 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 18, 1953	"	$ 175 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

288

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 14 1953

Name of Deceased Mary Dreyer Rubke W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 284 - Corona ☐ Husband ☐ Wife ☐ Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Henry Rubke

Address: Above

Order given by ..... (or informant)

How Secured: :

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death Nov 14 1953 (Date) 8:30 A. (Hour)

Date of Birth March 1, 1859

Age 94 (Years) (Months) (Days)

Date of Funeral Nov 16 (Date) Mon (Day of Week) 2 P. (Hour) M.

Services at: Chapel

Clergyman Rev. Marrill Corona (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes.....

.....

Certifying Physician (or Coroner)

His Address Corona, Calif.

Name of Father Frederick Dreyer

His Birthplace Germany

Maiden Name of Mother

Her Birthplace: Germany

Motor Ship } Remains to .....

Size of Casket Hi grade (State Color and Number)

Manufactured by: F. Casket Co.

Cemetery Crematory } Mt. Cemetery Corona

11-30-53
Filed with GRH.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 449	-
Casket		
Burial Vault or Box (State Kind)	15-	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 17- 24.51 (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		4.50
Candelabrum, $ ..... Candles, $		15.00
Door Spray, $: : ..... Gloves, $		1.-
Funeral Car, $ ..... Ambulance, $		6.50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		6.950
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5-	-
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $: : : : Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Misc. Dan Ruggles	10	-
Rev. Marrill	10	-
....line Death Notices in ..... Papers		
Local	3	6.1
(Names of Newspapers) Press Democrat	5	00
Enhancer	7	70
Sales Tax	7	19
Total Footing of Bill	$ 580	01
Less 23.20 - 30 days	$ 23	20
Balance	$ 556	81

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-1-53	To Above Balance Filed With GRH.	$	$		To Balance Forward	$	$
	By Payment	$	$	Dec 16 53	By Payment In full	$ 556 81	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

del 2-5-87

289

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 16 19 53

Name of Deceased Fred R. Forster W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2, Box 14, Sonoma ☐Husband ☐Wife ☐Widow of ..... (What Race) Sue Arline

Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Sue Arline Forster

Address: Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War W. W. I

Occupation Ret. Ins. Broker 552-05-5127 (Social Security Number)

Employer and Address Retired

Date of Death Nov. 16, 1953 (Date) 4:30 P. (Hour)

Date of Birth August 5, 1887

Age 66 (Years) (Months) (Days)

Date of Funeral Nov 19 (Date) Thurs (Day of Week) 10 A. M. (Hour)

Services at: Chapel

Clergyman: Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace England

Resided in the State 8 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Frank Wetzel Ranch - Sonoma

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address: Sonoma, Cal.

Name of Father Francis Henry Forster

His Birthplace England

Maiden Name of Mother Mary Randle

Her Birthplace England

Motor Ship } Remains to.....

Size of Casket Metal Sealer (State Color and Number)

Manufactured by Pioneer Casket Co.

Mausoleum

Cemetery / Crematory } Chas, Cal.

~~11-30-53~~

~~Filed with 4814.~~

Lot No.....

Grave No.....

Section No.....

Block No.....

Complete Funeral (except outlays)	$	836 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		418
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		12 54
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to Chas.		40 -
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... 2 ... C.C.		2 -
Out of town Undertaker's Charges		
Personal Service Rev. Buttrum		20 -
Music - Cook - Astrum		10 -
....line Death Notices in ..... Papers		
Local Posted		3 61
(Names of Newspapers)		
Oakland Tribune		7 ~~90~~
Sacramento Bee		7 41
		12 54
Sales Tax		
Total Footing of Bill	$	938 56
Less 4/89 - 30 days	$	41 80
Balance	$	896 76
Payment Below:		150
		746 76

November 17, 1953 19 NO. 07341

RECEIVED FROM Bates & Evans Funeral Directors

Discharge papers for Fred R. Forster, deceased DOLLARS

SIGNED, Wife

Sue Arline Forster

HOW PAID | BALANCE DUE

$ _____ | Sue A. Forster

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

	Amount Paid		Balance	
			$	
	$		$	
	$	746	76	$
	$	150	-	$
	$			$
	$			$
	$			$
	$			$

m Name of Funeral Directors.)

from date. Interest to accrue from

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

288

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 14 1953

Name of Deceased Mary Dreyer Rubke W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 284 - Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Henry Rubke

Address: Above

Order given by ..... (or informant)

How Secured: :

If Veteran, State War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death Nov 14 1953 (Date) 8:30 A. (Hour)

Date of Birth March 1, 1859

Age 94 (Years) (Months) (Days)

Date of Funeral Nov 16 (Date) Mon (Day of Week) 2 P. (Hour) M.

Services at Chapel

Clergyman Rev. Marrill Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes.....

.....

Certifying Physician ..... (or Coroner)

His Address Sonoma, Calif.

Name of Father Frederick Dreyer

His Birthplace Germany

Maiden Name of Mother

Her Birthplace: Germany

Motor Ship } Remains to .....

Size of Casket Hi grade (State Color and Number)

Manufactured by: F. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

11-30-53
Filed with ARH.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 449	-
Casket		
Burial Vault or Box (State Kind)	15-	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 17- 24.51 (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		4.50
Candelabrum, $ ..... Candles, $		5.00
Door Spray, $: : ..... Gloves, $		7.-
Funeral Car, $ ..... Ambulance, $		6.50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		6950
Autos to R. R. Station ..... @ $		
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5-	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot:		
Cremation		
Flowers, $ ..... Palms, $: : : : Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Misc. Dan Ruggles	10	-
Rev Marrill	10	-
....line Death Notices in ..... Papers		
Local	3	6.1
(Names of Newspapers) Press Democrat	5	00
Examiner	7	70
Sales Tax	7	19
Total Footing of Bill	$ 580	01
Less 23.20 - 30 days	$ 23	20
Balance	$ 556	81

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date
12-1-53	To Above Balance Filed With ARH		$	
	By Payment	$	$	
	" "	$	$	
	" "	$	$	
	" "	$	$	
	" "	$	$	
	" "	$	$	
	" "	$	$	

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I

for the payment of aforesaid sum, and I hereby covenant and agree

maturity at the rate of ..... % per annum.

Witness .....

Compiled by

del 2-87

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry November 16 19 53

Name of Deceased Fred R. Forster W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2, Box 14, Sonoma ☐Husband ☐Wife ☐Widow of ..... (What Race) Sue Arline

Charge to: Mrs. Sue Arline Forster

Address: Above

Order given by..... (or informant)

How Secured:

If Veteran, State War W. W. I

Occupation Ret. Ins. Broker 552-05-5127 (Social Security Number)

Employer and Address Retired

Date of Death Nov. 16, 1953 (Date) 4:30 P. (Hour)

Date of Birth August 5, 1887

Age 66 (Years) (Months) (Days)

Date of Funeral Nov. 19 (Date) Thurs. (Day of Week) 10 A. M. (Hour)

Services at: C. Chapel

Clergyman: Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prod.

Birthplace England

Resided in the State 8 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Frank Witzel Ranch - Sonoma

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address: Sonoma, Calif.

Name of Father Francis Henry Forster

His Birthplace England

Maiden Name of Mother Mary Randle

Her Birthplace England

Motor Ship } Remains to.....

Size of Casket Metal Sealer

Manufactured by J. J. Casket Co.

Cemetery Crematory } Mausoleum Chas. Calif.

11-30-53 Filed with Govt.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 836	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		4 18
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		17 54
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to Chas.	40	-
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ... 2 ... C.C.	2	-
Out of town Undertaker's Charges		
Personal Service Rev. Buttrum	20	-
music - Cook - Astrum	10	-
..... line Death Notices in ..... Papers	3	61
Local Paid (Names of Newspapers)	7	90
Oakland Tribune	7	41
Sacramento Bee	12	54
Sales Tax	9 38	56
Total Footing of Bill	$ 41	20
Less 4 1/2 - 30 days	$	
Balance	$ 746	76
Entered into Ledger, page ..... or below: Government	150	

Date		Amount Paid	Balance
	To Above Balance	$	$
11-30-53	By Payment Filed with Government	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
Nov 30, 1953	on acct	$ 746 76	$
Jan 21, 1954	Government	$ 150 -	$
	" "	$	$
	" Filed	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

Security at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 9 Yearly No. ____ Date of Entry Nov. 21 19 53

Name of Deceased Guido A. Nicolini W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 321 Boyes Spring ☐Husband ☐Wife ☐Widow } Eleanor

or ____ of } Age of Husband or Wife (if living) ____ Years

Charge to Eleanor Nicolini

Address Sonoma

Order given by ____ (or informant)

How Secured ____

If Veteran, State War No.

Occupation Teamster 565-26-1176 (Social Security Number)

Employer and Address G. C. Wood Co. S.F.

Date of Death Nov. 21, 1953 (Date) 4:10 P. (Hour)

Date of Birth May 21, 1892

Age 61 (Years) (Months) (Days)

Date of Funeral Nov. 24 (Date) Tue (Day of Week) 2 P. M. (Hour)

Services at Chapel

Clergyman Rev. Dultzman (Address)

Religion of the Deceased Prod.

Birthplace San Francisco

Resided in the State ____ (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death: Cancer of Stomach

Contributory Causes ____

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father ____

His Birthplace ____

Maiden Name of Mother ____

Her Birthplace ____

Motor Ship } Remains to ____

Size of Casket 7425 H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. ____

Grave No. ____

Section No. ____

Block No. ____

Owner ____

Complete Funeral (except outlays)	$ 328	7
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ____ Hair Dressing, $		
Dressing Body, $ ____ Underwear, $		
Suit or Dress (State Kind and Color)		16 3/4
Slippers, $ ____ Hose, $		
Folding Chairs, $ ____ Tarpaulin, $		4 2
Candelabrum, $ ____ Candles, $		4
Door Spray, $ ____ Gloves, $		
Funeral Car, $ ____ Ambulance, $		
Limousines to Cemetery ____ @ $		
Extra Limousines ____ @ $		
Autos to R. R. Station ____ @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ Casket Spray	25	75
Removal Charges		
Procuring Burial Permit (State Number and District)		
____ Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ ____ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	
Flowers, $ ____ Palms, $ ____ Matting, $		
Rental of Tent, $ ____ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ____ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ____ Singers, $ ____ Organist, $		
Railroad or Motor } Tickets, $ ____ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Dultzman	10	
Organ Marcucci	5	
____ line Death Notices in ____ Papers		
Telephone Calls	3	55
(Names of Newspapers) Local Notice	3	61
Q + Examiner	6	72
	4	92
Sales Tax		
C of Chimes Ashes to Cypress Lawn	43	55
Total Footing of Bill	$ 4	86
Less 16.40 - 30 days	$	
Balance	$ 437 16	441 40

Entered into Ledger, page ____ or below.

NICOLINI—In Sonoma, November 21, 1953, Guido A. Nicolini, dearly beloved husband of Eleanor Nicolini of Sonoma; loving father of Mrs. Myrnell Warford of Palo Alto; grandfather of William and Robert Warford and brother of Mrs. Josephine Oliva of Los Angeles; a native of San Francisco, aged 61 years; a member of Teamsters' Union Local #85, S. F. Friends are invited to attend the funeral services Tuesday, November 24, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Private interment, Chapel of the Chimes, Santa Rosa, Calif.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$	Dec. 10 53	"In full	$ 421 01	$
		$	$		" "	$	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ____ Names of Lodges ____ Insurance Companies ____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ____ days from date. Interest to accrue from maturity at the rate of ____ % per annum.

Signed ____

Witness ____ Address ____

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 4 19 53

Name of Deceased William Wallace Chapman (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Bx. 601 Sonoma ☐Husband ☐Wife ☐Widow of Evelyn

Charge to: Mrs. Evelyn C. Chapman Age of Husband or Wife (if living).....Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No.:.....

Occupation Foreman Ranch 551-12-4699 (Social Security Number)

Employer and Address.....

Date of Death Dec. 4, 1953 (Date) 12 noon (Hour)

Date of Birth Nov 24, 1898

Age..... 55 (Years) (Months) (Days)

Date of Funeral Dec. 8, (Date) Tue (Day of Week) 2 P. (Hour) M.

Services at: Chapel

Clergyman: Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Nevada City, Calif.

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Abbot Ranch Rt 2 Bx 601 Sonoma

Cause of Death Coronary insufficiency

Contributory Causes heart attack -

.....

Certifying Physician Vernon Delvechio d. (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father Wm. Wallace Chapman

His Birthplace.....

Maiden Name of Mother Margaret English

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket 95 H Grey H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 328	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		164
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		4.92
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Rev. Buttrum		10 -
Organ - Marenco Jr		5 -
line Death Notices in..... Papers		
Call Examiner		7 52
(Names of Newspapers) Stockton Record		5 00
Local notice		3 61
Sales Tax		4 92
Total Footing of Bill	$	409 05
Less 16 40 - 30 days	$	16 40
Balance	$	382 65

Entered into Ledger, page.....or below.

CHAPMAN—In Sonoma, Calif., December 4, 1953, William W. Chapman, dearly beloved husband of Mrs. Evelyn Chapman of Sonoma, beloved father of George Chapman of Mountain View, Doris Ann and William Chapman, Jr. of Riverbank, loving brother of Mrs. Mary Silvertsen of Oakland and Mrs. Ann Renfree of Auburn. A native of California, aged 55. A member of Valley of the Moon Riding Club. Friends are invited to attend the funeral services Tuesday, December 8 at 2 p. m. at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

CHMELIK—In this city, December

		Amount Paid	Balance	Date		Amount Paid	Balance
					To Balance Forward		
				Dec 11, 53	By Payment	382 65	
					" "		
					" "		
					" "		
					" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN. St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 8 19.53

Name of Deceased. Frank Baby W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 135 Broadway ☐Husband ☐Wife ☐Widow } .....

Charge to: James R. Baby - Vernon Interested. or .....of } Age of Husband or Wife (if living).....Years

Address. 211 N. Stone Ave. La Grange, Ill.

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation Engineer 555-18-2898 (Social Security Number)

Employer and Address Plywood Co.

Date of Death Dec 8, 1953 (Date) 2:10 P. (Hour)

Date of Birth Feb. 21, 1893

Age. 60 (Years) (Months) (Days)

Date of Funeral Dec 10 (Date) Thurs. (Day of Week) 2 P. M. (Hour)

Services at: Chapel

Clergyman: Eagles Lodge Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Nebraska

Resided in the State 25 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death. County Hospital

Cause of Death: Cerebro-Vascular Accident

Contributory Causes, Gen'lized. Arteriosclerosis

.....

Certifying Physician. W. S. Bluer M.D. (or Coroner)

His Address. County Hospital

Name of Father Antone Baby

His Birthplace. Austria

Maiden Name of Mother Fanny Elder

Her Birthplace: Austria

Motor Ship } Remains to .....

Size of Casket. Gr. H. H. P. Grey (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

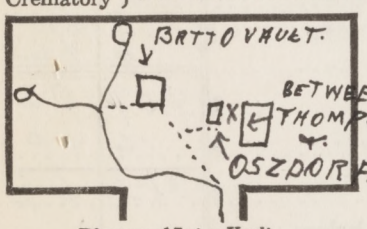

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 313	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress..... Shirt, undershirt 2 at 3.50 (State Kind and Color)	3	61
Slippers, $..... Hose, $ 11		156 50
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		3 50
Door Spray, $..... Gloves, $		5 00
Funeral Car, $..... Ambulance, $		17 50
Limousines to Cemetery.....@ $		3
Extra Limousines .....@ $		2 50
Autos to R. R. Station.....@ $		5
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot. Flowers	25	75
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Nurse	35	-
Telephone Call	3	88
....line Death Notices in.....Papers		
Local (Names of Newspapers)	3	61
Sales Tax	5	15
Total Footing of Bill	$ 430	00
Less 16.40 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-18-53	Fred - ARA.				To Balance Forward		
	To Above Balance	$	$		By Payment	$	$
	By Payment	$	$	Mar 29,	1954 " Insurance	$ 430 -	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 16 1953

Name of Deceased Byron C. Kenney W.

☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 36 Glen Ellen

☐ Husband ☐ Wife ☐ Widow } Mary J.
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mary J. Kenney

Address % Everett L. Evans (Son)

Order given by ..... (or informant)

How Secured .....

If Veteran, State War I + 2

Occupation Ret. Lt. U.S.N. No. (Social Security Number)

Employer and Address .....

Date of Death Dec 16, 1953 (Date) 11:45 P. (Hour)

Date of Birth March 10, 1898

Age 55 (Years) (Months) (Days)

Date of Funeral Dec 21, Mon. (Date) (Day of Week) 11:30 A.M. (Hour)

Services at No Service

Clergyman None (Address)

Religion of the Deceased Prod.

Birthplace Springfield, Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif.

Name of Father James C. Kennedy

His Birthplace .....

Maiden Name of Mother E. Sterkow

Her Birthplace .....

Motor / Ship } Remains to .....

Size of Casket 9.5 H. W. P. Grey (State Color and Number)

Manufactured by Golden State Co.

Cemetery / ~~Crematory~~ } Golden Gate Nationals

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Complete Funeral (except outlays)	$	313 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1850
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		1750
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		5 1450
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service No. Minister		
No. Music		
....line Death Notices in ..... Papers		3. 61.
Local (Names of Newspapers) 6 c/c		6 -
Sales Tax		5 15 -
Total Footing of Bill	$	342 76
Less 1.6.40 - 30 days	$	150 -
Balance	$	192 76

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
1-18-54	Filed With Judgment				To Balance Forward		
1-22-54	To Above Balance				By Payment		
	By Payment			Jan 26 54	Check	192 76	
	" "			Feb 20	In Full	150 -	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

294

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 17 1953

Name of Deceased Joseph E. Allard W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 496 Sonoma Curtain Lane ☐Husband ☐Wife ☐Widow of } Harriett

Age of Husband or Wife (if living)..... Years

Charge to: Wife

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.....

Occupation Maintenance Man State Hiway 572-03-8977 (Social Security Number)

Employer and Address State Hiway

Date of Death Dec 17, 1953 (Date) 2:30 P.M. (Hour)

Date of Birth May 14, 1916

Age 37 (Years) (Months) (Days)

Date of Funeral Dec 19, (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Chippewa Falls, Wisconsin

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		100
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		1 15
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		3 45
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
..... District)		
..... roner's)		
..... l, $		
.....	$	1 00 —
.....		
..... , $		
..... lt, $		
.....		25 —
..... e, $		
.....		
..... st, $		
..... ce, $		
.....		
.....		
.....		15 —
.....		
..... s		
.....		3 61
..... (Names of Newspapers) 3 c/c		3 —
.....		
Sales Tax		3 45
Total Footing of Bill	$	265 06
Less 10.75 - 30 days - Bonus	$	100
Balance	$	354 31
Entered into Ledger, page .....or below.		

Dec 19 1953 NO. 07341

RECEIVED FROM Bates & Evans

Ring - Belonging to

Joseph E. Allard (deceased)

Edwin E. Blasier

$ ..... HOW PAID ..... BALANCE DUE .....

DOLLARS

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Manufactured by:.....

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Mailed Jan 2, 54

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones MArket 1-1146-47

Allard:

Send 1 c.c. to

Occidental Life Ins. Co.

485 Caly. st. S.F.

C.S.E.A. Liv.

Proff of death is enough.

Date		Amount Paid	Balance
To Balance Forward		$	$
By Payment		$	$
Jan 19 1954 "		$	$
" " Jill		$ 354 31	$
" "		$	$
" "		$	$
" "		$	$
" "		$	$

Insurance Companies.....

Sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

the same within.....days from date. Interest to accrue from

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry Dec 25 1953

Name of Deceased Sakuemon Okumura

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 437 Sonoma ☐Husband ☐Wife ☐Widow } Yaohi

Charge to: Ken Okumura (Son) or ..... of } Age of Husband or Wife (if living) ..... Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Chicken Rancher (Social Security Number)

Employer and Address

Date of Death Dec 25 1953 (Date) 9:20 A. (Hour)

Date of Birth Feb 10, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral Dec 28, Mon (Date) (Day of Week) 1 P. (Hour) M.

Services at Japanese Temple

Complete Funeral (except outlays)	$	325	—
Casket			
Burial Vault or Box (State Kind)			
Embalming Body (Name of Embalmer)			
Barber, $	Hair Dressing, $ 2.40		
Dressing Body, $	Underwear, $ 2.25	2	32
Suit or ~~Dress~~ 1 Gray (State Kind and Color)		13	39
Slippers, $	Hose, $	7	
Folding Chairs, $	Tarpaulin, $		
Candelabrum, $	Candles, $		164
Door Spray, $	Gloves, $		13 —
Funeral Car, $	Ambulance, $		2.25
Limousines to Cemetery @ $			19.25
Extra Limousines @ $			3
Autos to R. R. Station @ $			7.75
Getting Remains from			3.

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Dec. 25, 1953

I hereby authorize Dr. Wayne M. Craven, to perform an autopsy on the body of,

Sakuemon Okumura

Also I give my permission to have specimens taken for examination.

Signed Ken Okumura Son

witnessed 12/25/53 Wayne M Craven MD

Diagram of Lot or Vault

Block No.

Owner.

Balance $ 376 67

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 31 53	" " In full	$ 376 67	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

294

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 17 1953

Name of Deceased Joseph E. Allard W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 496 Sonoma Curtain Lane ☐Husband ☐Wife ☐Widow of Harriett

Age of Husband or Wife (if living)..... Years

Charge to: Wife

Address: above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Maintenance Man State Hiway 572-03-8977 (Social Security Number)

Employer and Address State Hiway

Date of Death Dec 17 1953 (Date) 2:30 P.M. (Hour)

Date of Birth May 14, 1916

Age 37 (Years) (Months) (Days)

Date of Funeral Dec 19 (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Chippewa Falls, Wisconsin

Complete Funeral (except outlays)	$	200 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		100
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		1 15
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		3 45
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
..... District)		
..... roner's) ..... l, $		
..... $	100	—
..... , $		
..... lt, $		
.....	25	—
..... e, $		
..... st, $		
..... ce, $		
.....		
.....	15	—
.....		
..... s		
.....	3	61
..... (Names of Newspapers) 3 c/c	3	—
.....		
Sales Tax	3	45
Total Footing of Bill	$ 265	06
Less 10.75 - 30 days - Home	$ 100	
Balance	$ 345 90	06 75

Entered into Ledger, page .....or below. 354 31

Manufactured by:

Cemetery / Crematory: Catholic Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Dec 19 1953 NO. 07341

RECEIVED FROM Bates & Evans

Ring - Belonging to Joseph E. Allard (deceased)

Edwin E. Blasier DOLLARS

$ HOW PAID BALANCE DUE

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

	Amount Paid		Balance		Date		Amount Paid		Balance	
ance.....			$.....			To Balance Forward....			$.....	
.....	$.....		$.....			By Payment.....	$.....		$.....	
.....	$.....		$.....		Jan 19, 1954	"	$.....		$.....	
.....	$.....		$.....			" Jill	$ 354	31	$.....	
.....	$.....		$.....			" "	$.....		$.....	
.....	$.....		$.....			" "	$.....		$.....	
.....	$.....		$.....			" "	$.....		$.....	
.....	$.....		$.....			" "	$.....		$.....	

.....Names of Lodges..... Insurance Companies.....

eral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

....% per annum.

Signed.....

..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry Dec 25 1953

Name of Deceased Sakuemon Okumura

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 437 Sonoma ☐Husband ☐Wife ☐Widow } Yaoki

Charge to: Ken Okumura (Son) or ..... of } Age of Husband or Wife (if living) ..... Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Chicken Rancher (Social Security Number)

Employer and Address

Date of Death Dec 25 1953 (Date) 9:20 A. (Hour)

Date of Birth Feb 10, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral Dec 28, (Date) Mon (Day of Week) 10 (Hour) M.

Services at Japanese Temple

Complete Funeral (except outlays)	325	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ 2.00		
Dressing Body, $ ..... Underwear, $ 2.25	2	32
Suit or ~~Dress~~ 1 Day (State Kind and Color)	13	39
Slippers, $ ..... Hose, $	7	
Folding Chairs, $ ..... Tarpaulin, $		164
Candelabrum, $ ..... Candles, $		13 —
Door Spray, $ ..... Gloves, $		2 25
Funeral Car, $ ..... Ambulance, $		19 25
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $	1	775
Getting Remains from		3

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Dec. 25, 1953

I hereby authorize Dr. Wayne M. Craven, to perform an autopsy on the body of,
Sakuemon Okumura

Also I give my permission to have specimens taken for examination.

Signed Ken Okumura Son

witnessed 12/25/53 Wayne M Craven MD

Diagram of Lot or Vault

Block No.

Owner

Balance ..... $ 376 67

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "				" "		
	" "			Dec 31 53	In full	376 67	
	" "				"		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

294

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 17 1953

Name of Deceased Joseph E. Allard W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx. 496 Sonoma Curtain Lane ☐Husband ☐Wife ☐Widow } Harriett

or..... of } Age of Husband or Wife (if living).....Years

Charge to: Wife

Address. above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.....

Occupation Maintenance Man State + 572-03-8977 (Social Security Number)

Employer and Address State Hiway

Date of Death Dec 17, 1953 (Date) 2:30 P.M. (Hour)

Date of Birth May 14, 1916

Age 37 (Years) (Months) (Days)

Date of Funeral Dec 19, (Date) Sat (Day of Week) 9:30 A.M. (Hour)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Chippewa Falls, Wisconsin

in the State..... (or U. S. or City or County) (Years) (Months)

Death. Home

f Death.....

utory Causes.....

.....

ing Physician Vernon Silvershield (or Coroner)

dress Santa Rosa, Cal

of Father Patrick Allard

thplace.....

Name of Mother Jane Violet

rthplace.....

Remains to.....

Casket..... (State Color and Number)

Manufactured by:.....

Cemetery / Crematory } Catholic Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 200 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	100 15/
Suit or Dress (State Kind and Color)	15/ 3/
Slippers, $..... Hose, $	45 3
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot One Grave	100 —
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	25 —
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service Mass	15 —
....line Death Notices in..... Papers	
Journal (Names of Newspapers)	3 6.1
3 c/c	3 —
Sales Tax	3 45
Total Footing of Bill	$ 365 06
Less 10.75 - 30 days - Home	$ 100
Balance	$ 345 06
Entered into Ledger, page.....or below.	90 75

354.31

	Amount Paid	Balance	Date		Amount Paid	Balance
ance.....	.....	$.....		To Balance Forward....	.....	$.....
.....	$.....	$.....		By Payment.....	$.....	$.....
.....	$.....	$.....	Jan 19 1954	"	$.....	$.....
.....	$.....	$.....		" Jail.....	$ 354 31	$.....
.....	$.....	$.....		" "	$.....	$.....
.....	$.....	$.....		" "	$.....	$.....
.....	$.....	$.....		" "	$.....	$.....
.....	$.....	$.....		" "	$.....	$.....

Names of Lodges..... Insurance Companies.....

eral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

....% per annum.

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Dec 25 1953

Name of Deceased Sakuemon Okumura

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 437 Sonoma ☐Husband ☐Wife ☐Widow } Yaohi

Charge to: Ken Okumura (Son) or ..... of } Age of Husband or Wife (if living) ..... Years

Address: a home

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation Chicken Rancher (Social Security Number)

Employer and Address .....

Date of Death Dec 25 1953 (Date) 9:20 A (Hour)

Date of Birth Feb 10, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral Dec 28 (Date) Mon (Day of Week) 1 P (Hour) M.

Services at Japanese Temple

Complete Funeral (except outlays)	$ 325	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ 2.07		
Dressing Body, $ ..... Underwear, $ 2.25	2	32
Suit or ~~Dress~~ 1 Suit (State Kind and Color)	13	39
Slippers, $ ..... Hose, $	7	
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		16 4
Door Spray, $ ..... Gloves, $		13 -
Funeral Car, $ ..... Ambulance, $		2 25
Limousines to Cemetery ..... @ $		19 25
Extra Limousines ..... @ $		3
Autos to R. R. Station ..... @ $		1 75
Getting Remains from		3

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Dec. 25, 1953

I hereby authorize Dr. Wayne M. Craven, to perform an autopsy on the body of,

Sakuemon Okumura

Also I give my permission to have specimens taken for examination.

Signed Ken Okumura Son

witnessed 12/25/53 Wayne M Craven MD

Diagram of Lot or Vault

Block No. .....

Owner .....

Balance ..... $ 376 67

Entered into Ledger, page ..... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
	" "	$		$		Dec 31 53	" In full	$ 376	67	$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 17 1953

Name of Deceased Joseph E. Allard W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 496 Sonoma Curtain Lane ☐Husband ☐Wife ☐Widow of Harriett
Age of Husband or Wife (if living)..... Years

Charge to: Wife

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Maintenance Man State Hiway Dept. 572-03-8977 (Social Security Number)

Employer and Address State Hiway

Date of Death Dec 17, 1953 (Date) 2:30 P. (Hour)

Date of Birth May 14, 1916

Age 37 (Years) (Months) (Days)

Date of Funeral Dec 19, (Date) Sat (Day of Week) 9:30 A. M. (Hour)

Services at St. Francis Church

Clergyman.....

Religion of the Deceased Cath

Birthplace Chippewa

in the State..... (or U. S. or C

Death Home

f Death.....

utory Causes.....

.....

ing Physician Vernon

dress Santa Rosa

of Father Patrick

thplace.....

Name of Mother Jane

rthplace.....

Remains to.....

Casket..... (State

Manufactured by:.....

Cemetery / Crematory } Catholic Cem

Diagram of Lot or Vault

L

G

S

Block No.....

Owner.....

Complete Funeral (except outlays)	$ 200	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		100
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		1 15
Folding Chairs, $..... Tarpaulin, $		3
Candelabrum, $..... Candles, $		3 45
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Balance	$ 354 31	

	Amount Paid	Balance	Date		Amount Paid	Balance
ance		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	Jan 19, 1954	"	$	$
	$	$		" Jill	$ 354 31	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$

Names of Lodges..... Insurance Companies.....

eral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

....% per annum.

Signed.....

.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. 1 Yearly No. Date of Entry Dec 25 1953

Name of Deceased Sakuemon Okumura

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Rt. 1 Bx 437 Corona ☐Husband ☐Wife ☐Widow } (What Race) Yamato

Charge to: Ken Okumura (son) or ..... of } Age of Husband or Wife (if living) ..... Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Chicken Rancher (Social Security Number)

Employer and Address

Date of Death Dec 25 1953 (Date) 9:20 A. (Hour)

Date of Birth Feb 10, 1882

Age 71 (Years) (Months) (Days)

Date of Funeral Dec 28 (Date) Mon (Day of Week) 1 P. (Hour) M.

Services at Japanese Temple

(Address)

yman

ion of the Deceased

place Japan

ed in the State (or U. S. or City or County) (Years) (Months)

of Death Home

of Death Carcinoma of Stomach

ibutory Causes

ying Physician Wayne M. Craven M.D. (or Coroner)

ddress Corona

of Father K. Okumura

irthplace Japan

en Name of Mother Y. Okumura

Birthplace Japan

Remains to

f Casket 95 H. Grey H.P. (State Color and Number)

factured by Golden State Casket Co.

ry } Chapel
ory } The Chimes

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 328 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $ 2.40	
Dressing Body, $ ..... Underwear, $ 2.25	2 32
Suit ~~or Dress~~ 1 Lay (State Kind and Color)	13 39
Slippers, $ ..... Hose, $	#
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	16 4.
Door Spray, $ ..... Gloves, $	13.
Funeral Car, $ ..... Ambulance, $	2.25
Limousines to Cemetery ..... @ $	19.25
Extra Limousines ..... @ $	3
Autos to R. R. Station ..... @ $	11
Getting Remains from	7.75
Taking Remains to	5.3
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	4.5 -
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
.....	
..... line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	5. 15
Total Footing of Bill	$ 393 86
Less 16.40 on Fun.	$ 17 19
Balance	$ 376 67

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Dec 31 53	Dr. full	$ 376 67	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry Dec 25 1953

Name of Deceased Vera Garcia

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 1 C Cacia Drive Hiway 12 ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: James Price Cash

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, State War No

Occupation At Home No (Social Security Number)

Employer and Address .....

Date of Death Dec 25, 1953 (Date) 6:15 P (Hour)

Date of Birth 1893

Age 60 (Years) (Months) (Days)

Date of Funeral Dec 29, Tue (Date) (Day of Week) 10.9 M. (Hour)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prod

Birthplace Colorado

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Hiway 12 Near Acacia Home

Cause of Death Accident - Pending

Contributory Causes .....

.....

Certifying Physician Vernon Dilworthuld (or Coroner)

His Address Santa Rosa

Name of Father Richard Price

His Birthplace .....

Maiden Name of Mother Jessie Hardy

Her Birthplace .....

Motor Ship } Remains to .....

Size of Casket #80 Grey Asn (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$	94 52
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		7.26
Candelabrum, $ ..... Candles, $		4
Door Spray, $ ..... Gloves, $		15
Funeral Car, $ ..... Ambulance, $		2.26
Limousines to Cemetery ..... @ $		6 2.3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		1.8678
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. ____ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service ... Flowers		5 00
Minister		5 00
.... line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Sales Tax		1 87
Total Footing of Bill	$	150 00
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 29, 1953	" full	$ 150	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 29 1953

Name of Deceased Cora M. Munsey

☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } of ..... (What Race)

Residence: El Verano, Caly ..... Walter L. .....

Charge to: Acc't in American Trust Co. Age of Husband or Wife (if living) ..... Years

Address: Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, State War .....

Occupation At home - no (Social Security Number)

Employer and Address .....

Date of Death Dec. 29, 1953 (Date) (Hour)

Date of Birth Jan. 5, 1870

Age 83 (Years) (Months) (Days)

Date of Funeral Dec. 31, Thurs. 10:30 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prod.

Birthplace Massachusetts

Resided in the State ..... (or U. S.) (or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician .....

His Address Sonoma Co. Hospital (or Coroner)

Name of Father John W. Slocum

His Birthplace Mass.

Maiden Name of Mother Rose Ella Brown

Her Birthplace Mass.

Motor Ship } Remains to .....

Size of Casket 1954 - Grey ½ ch. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Complete Funeral (except outlays)	$ 271	51
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		1 55
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		13 76
Candelabrum, $ ..... Candles, $		1 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		13 26
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		178
Getting Remains from		4 1
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges Cook		
Personal Service Myra C. Steckmeyer	10	-
Rev. Richardson	10	-
..... line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Sales Tax	4	07
Total Footing of Bill	$ 345	74
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 6, 1954	" 3 "	$ 345 74	$
	" "	$	$		Paid in full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 31 1953

Name of Deceased Laura Winifred Vaessen W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 765 2nd St. East ☐Husband ☐Wife ☐Widow of John

Charge to: John B. Vaessen or..... Age of Husband or Wife (if living)..... Years

Address 345 Mc. Dougal St. Vallejo

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Ret. Telephone Operator 545-05-3686 (Social Security Number)

Employer and Address Pac. Tel & Tel.

Date of Death Dec 31, 1953 (Date) 12:15 P. (Hour)

Date of Birth Oct 7, 1889

Age 64 (Years) (Months) (Days)

Date of Funeral Jan 4 (Date) Monday (Day of Week) 3 P. M. (Hour)

Services at Chapel

Clergyman Mrs H. P. Witt Reader (Address)

Religion of the Deceased Prod.

Birthplace Washington

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician C. B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father William V. Chase

His Birthplace S. F. Calif.

Maiden Name of Mother Mae Whelen

Her Birthplace Calif. S. F.

Motor Ship } Remains to.....

Size of Casket 45 0g 2- Gabardine Steel (State Color and Number)

Manufactured by: Golden State Casket

Cemetery Crematory } Mt. Cemetery Sonoma

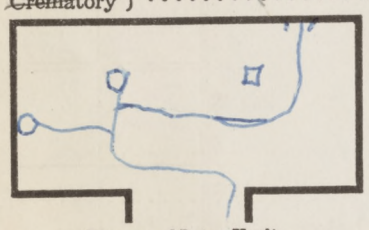


Diagram of Lot or Vault

Lot No. next to

Grave No.

Section No. Trudgen

Block No.

Owner.....

Complete Funeral (except outlays)	$	434 —
Casket		
Burial Vault or Box (State Kind)		125 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		2 12 / 15
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		2 27 / 3
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		6 81
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Minister Reader Witt		10 —
Music - Marcuee Cooke		10 —
60 line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Examiner		14 24
Chronicle		13 60
Sales Tax		6 81
Total Footing of Bill	$	552 26
Less 21.95 30 days	$	
Balance	$	

Entered into Ledger, page..... or below.

Date	1-13-54 Filed Judge Dal Riggetto	Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$	Jan 1953		$	$
		$	$	Feb 3 1954	In full	$530 31	$
		$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

VAESSEN—In Sonoma, Calif., December 31, 1953, Laura Winifred Vaessen, wife of the late John B. Vaessen, beloved mother of John S. Vaessen of Vallejo and Mrs. Virginia Mae Girard of Yreka, loving sister of Fred Jay Chase of Seattle and Mrs. Dorothy von Hacht of Bronxville, N. Y.; a native of Washington, aged 64 years. A member of George S. Ladd Chapter No. 27, Telephone Pioneers of America. Friends are invited to attend the funeral services Monday, January 4, 1954, at 3 p. m., at the Chapel of Bates and Evans, Sonoma, Cal. Interment, Mountain Cemetery, Sonoma.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..1..... Date of Entry Jan 6 19 54

Name of Deceased Wm H. Shepardson (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 290 Baker Ave Santa Rosa ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to: Mrs. Mabelle Bonsey

Address Rt 1 Bx 493 B Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, State War No.

Occupation Ret Laborer (Social Security Number)

Employer and Address.....

Date of Death Jan 6, 1954 (Date) (Hour)

Date of Birth July 17, 1866

Age 87 (Years) (Months) (Days)

Date of Funeral Jan 9 Sat 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Simmons Sonoma (Address)

Religion of the Deceased Prod

Birthplace Maine

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Delvershield (or Coroner)

His Address Santa Rosa, Cal -

Name of Father James W. Shepardson

His Birthplace Maine

Maiden Name of Mother.....

Her Birthplace.....

Motor Ship } Remains to.....

Size of Casket.....

Manufactured by Golden State Casket Co (State Color and Number)

Cemetery Crematory } Mt Cemetery Sonoma, Cal -

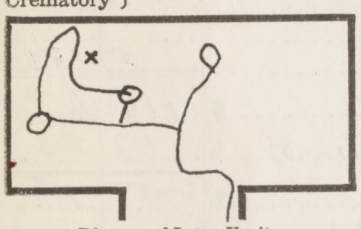


Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)	$	145 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		7250
Dressing Body, $..... Underwear, $		15
Suit or Dress (State Kind and Color)		8750
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		2650
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		5 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		50 -
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service Organ, Maraucci Jr.		5 -
Minister - Simmons, Themselves -		
...line Death Notices in ..... Papers		
None (Names of Newspapers)		
Sales Tax		2 53
Total Footing of Bill	$	222 53
Less 8.00 - 30 days	$	8 -
Balance	$	214 53

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Jan 9 1954	"	214 53	$
	" "	$	$	Paid in Full			$
	" "	$	$	By Mrs Bonsey			$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

300

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 15 1954

Name of Deceased Rosalia Nimpfer W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Fetters Hot Springs ☐ Husband ☒ Wife ☐ Widow of Gotfried Nimpfer

Charge to: Gottfried Nimpfer Age of Husband or Wife (if living) ..... Years

Address Gen. Del. Fetters Springs

Order given by " "

How Secured (or informant) To be discounted

If Veteran, State War

Occupation Housewife

(Social Security Number)

Employer and Address

Date of Death Jan 16, 1954 4:30 P.M. (Date) (Hour)

Date of Birth Oct 28, 1875

Age 83 (Years) (Months) (Days)

Date of Funeral 1/18/54 Mon 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Peter R. Van Es (Address)

Religion of the Deceased

Birthplace Zamun Yugoslavia

Resided in the State Valley (or U. S. or City or County) 33 (Years) (Months)

Place of Death Sonoma Valley Com. Hos

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address

Name of Father Joseph Leixner

His Birthplace Yugoslavia

Maiden Name of Mother — Darnstathar

Her Birthplace Yugoslavia

Motor / Ship } Remains to

Size of Casket 195½ Swells (Brocade Silk) (State Color and Number)

Manufactured by Golden State Co.

~~Cemetery~~ / Crematory } Chapel of Chimes

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)	$ 345 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	17 50
Folding Chairs, $ ..... Tarpaulin, $	3 —
Candelabrum, $ ..... Candles, $	10
Door Spray, $ ..... Gloves, $	5 17
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 —
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Rev. Peter R. Van Es	10 —
....line Death Notices in .... Papers	
Posted (Names of Newspapers)	3 61
D. Jamieson	5 88
Sales Tax	5 18
Total Footing of Bill	$ 414 67
Less 30 days 17.25	$ 17 25
Balance	$ 397 42

Entered into Ledger, page ..... or below.

NIMPFER — In Sonoma, Calif., January 15, 1954, Rosalia Nimpfer, dearly beloved wife of Gotfried Nimpfer of Fetters Hot Springs, beloved sister of Mrs. Marie Weykoffer of Verano and the late Martin Leixner; a native of Yugoslavia, aged 83 years. A member of Sonoma Lodge No. 49, Order of Hermann Sons.

Friends are invited to attend the funeral services Monday, January 18, at 10 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

		Amount Paid		Balance		Date		Amount Paid		Balance	
ice				$			To Balance Forward			$	
		$		$		Feb 5, 54	By Payment In full	$ 397	42	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
2-4-54	statement	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

aug 17, 1951 Business License -
aug - 52 - 40.00 " "

XMAS LIST 1952

Turkeys
~~Rev. Olan Terrell~~
Rev. Buttrum
Zolita
Hospital
Edna Zappas
Mrs. Boren

ONE CASE CANNED FRUITS 13
~~Rev. Davis~~ H.S. Simmons
Rev. Coleman Rev Beddes
Rev. Van Es Thos murphy
Rev. Lokan Rev Richardson
~~Rev. Lipskey~~
Rev. Morrill Margerite Cole -
Rev. McMurdie
Sonoma Valley Lodge
Morris Rest Home

Candied fruits, large box
Drs.
McGrath
Newman
~~Fries~~ Mendenhal
Mollenhauer.
Andrews
Craven
Allen

Dr. Mikita
Harrison 9

30

Small boxs

Ted Ries
~~Gardner~~ Richs Hayes
Bill Apple
~~Vic Shermerhorn~~
George DeMartini
Jim Baker
~~Joe Stolz~~
~~Condiff~~
~~Jim Norrbom~~
Allen Norrbom
Bob Townsend
Rev. Dennis, State Home
Rev. Geary State Home
~~Jim Manning~~
Mrs. Eberhardt
~~Boston Shelby~~

Dr. Porter
Ed Hartwell
Telephone girls, State home
Dr. Butler
Ted Bravos
~~Al Dabbron~~
Tucker
Bob Lynch
~~Bob Townsend~~
Jerry Parker

MONEY
Al Gordon $25.00
Percy, 10.00
Rev. Roberts $25.0
Priest, Ass'nt 10.0

MISC. GIFTS
~~Laurence Tate~~,
$5.00 Merchandise order
~~Bob Mc Candless~~
~~George Wells~~
both carton cigaretts

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA. CALIFORNIA

General Ceiling Price Regulation Order #3
Base Period December 19,1950 to March 22,1951

Casket #1,#4538, Cov. 323, S.F. Casket Co., ...$464.00
Casket #2,#1826, HP, Taupe, Sutter Casket Co., ...$398.00
Casket #3,#25/8-580,Zinc ½ Ch., Sound Casket Co.....$755.00
Casket #4,Redwood, with Eucalyptus finish,Hollywood C.Co. $652.00
Casket #5,4800½, Orchid, Golden State Casket Co.,,.....$479.00
Casket #6,1909 HP Cov. 87, S.F. Casket Co.,.....$488.00
Casket #7,97½ Silk Plush, Cedar Rose,Golden State C.Co.....$365.00
Casket #8,Groten HP, Metal sealer, S.F. Casket Co.....$836.00
Casket #9,9389 ½Ch.Cov. 378, S.F. Casket Co.....$323.00
Casket #10,95H Silver Doe, Golden State Casket Co.....$323.00
Casket #11,9405, Grey Doe, S.F. Casket Co.....$235.00
Casket #12,9560, Grey American S.F. Casket Co.....$215.00
Casket #13,#80A Black Doe, Golden State Casket Co. $160.00
Casket #14, Covered China, S.F. CasketCo.....$100.00

BABY FUNERALS.

Premature,
5 months or less, no service.....$25.00
6 months or over $35.00
Stillborn full time,.....$45.00
2 weeks or older.....$57.00

Size 2/0, Casket.....$57.00
2/6,.....$71.00
3/0,.....$84.00
4/0,.....$123.00

Caskets are #50 White Lamb, Golden State Casket C

Dresses, BURIAL GARMENTS

#6890, crepe, Mortician's Supply.....$17.00
#186,Flesh Satin,Lucretia Lady Dresses16.00
#345 Print,Lucretia.....$16.00
#360,Grey,Lucretia.....$16.50
Royal Garment Co.....$21.50
#6920 Sunny crepe, Mortician's Supply$13.00
802L,Orchid, Alabama Garment Co.....$10.00
#6011,Taffetta,Mortician's Supply....$15.00
#6928,Romaine Crepe, Mortician's ..$14.00
#369, Sheer,Lucretia Lady.....$16.00
#192 French crepe,Lucretia Lady.....$11.00
#6913 Satin,Mortician's Supply.....$15.00
#146, Flesh Neg.Lucretia Lady.....$15.00
#299 Jack Frost,Lucretia Lady.....$19.00
Orchid Print, Patricia Lady.....$17.50
#63 Rayon crepe,Irene M. Barnes.....$15.00
#355, Lucretia Lady.....$16.00
#6913 Velvet,Mortician's Supply.....$16.50
#324, Jack Frost,Lucretia Lady.....$17.50
#315,Jack Frost,Lucretia Lady.....$17.00
#292,Jack Frost,Lucretia Lady.....$14.50

SUITS

Irene M. Barnes

#45,Blu.Str.....$13.00
#55,Grey Str.....$10.50
#771,Grey.....$21.75
#770,Tan.....$21.90
#40,Brn Str.....$10.50
#45,Blu.....$10.50
#840 Blue.....$15.65

LEWIS FUN. DRY GOODS

#272Grey Str.....$10.50
#236,Brn. Str. $19.00
#243,Blue Str.....$19.00
#207, Grey Str.....$21.00

Pastes—
Ambrose - 4
Savary - 2 - O.K.
Bilyeu - 2 O.K.
Wilson - 2 1st St.
~~Haines 3 or 4 - collect for them~~
Labes - 4 posts -
Hann - 2 "

all O.K. - owe Lawrence for 12 #24
Haines prob 4 (6 graves) collect for

2020.4.14

entered

Cert. Started.....
Cert. Signed.....
Cert. Filed.....

Bates & Evans
SONOMA, CALIFORNIA

Current No.....
Total No.....

Full Name of Deceased Ernest LeRoy Devereaux

Usual Residence 989 Glenwood Dr. City Glen Ellen

Person in Charge Margaret O'Riordan

Address 989 Glenwood Dr. City Glen Ellen

Previous Address

Phone 8-5470 | Relationship to Deceased daughter.

Place of Death above City

Date of Death 5/10/57 Hour 10. A.M.

Length of stay where death occurred 3 yrs | Length of stay in district of death 3 yrs | Length of stay in California 10 yrs

Full Name of Doctor Phone

Address City

Cause of Death

Sex M.	Color or Race W.
Married, Never Married Widowed or Divorced	Widowed
Name of Spouse	
Date of Birth May 9.	If Less Than 1 Day Old .....Hrs. .....Min.
Age 78 Years.....Mos.....Days	
Birthplace Ohio	
Citizen of What Country U.S.A.	
Last Occupation (DO NOT WRITE "RETIRED") Inspector	
Kind of Business (DO NOT GIVE FIRM NAME) Government.	
Name of Father Wm Devereaux	
Birthplace of Father Ohio	
Maiden Name of Mother Mary Rickel	
Birthplace of Mother Unk.	
If Veteran Name of War No	
Social Security Number No	
AUTOS FOR FUNERAL (GIVE NAME OF NEAREST STS.)	

FUNERAL ARRANGEMENTS

Date Hour

Place

Interment

Minister

Minister's Phone No.

Lodges

Music

Bearers
1.
2.
3.
4.
5.
6.

Cards to

Memorial Folders | Memorial Record Yes [ ] No. [ ]

Remains to be ready by

Special Instructions

Arranged by

Casket	Size		
Outer Case	Size		
Clothing			
Urn			
Newspaper Notices			
Cemetery or Crematory			
Clergyman			
Telephone & Telegrams			
Other Mortician's Charges			
Transportation			
Coroner's Fee			
Flowers			
Certified Copies			

ROSARY SERVICES—Hour

Date

Place

Music

Auto to

Special Instructions

SHIP TO:

Leaves Via | Hour

Day | Date

Arrives Via | Hour

Day | Date

REC. MORT.

Address

Escort

Auto to

Height	Weight	Regular	Extra	Color Hair	Color Eyes	Teeth

Embalmer | First Call by

EFFECTS:

NEWSPAPER NOTICES:

Arrangement Time - Hour | Day | Date

Auto to

Previously Served Family

ORDER AND TERMS

SONOMA, CALIFORNIA Mar. 17, 51

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Frank C. Silva and supply the funeral furnishings, casket and professional services in the sum of $ 225.90, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $ 225 90, as follows:

$ 60 00 herewith and the sum of $ 10 00 each month hereafter, until the full sum shall have been paid. Said payments are payable at the _____ Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Elsie Silva Address 250 McAllister St. San Francisco

Signature _____ Address _____

Witness _____ Witness _____

MEMORANDUM OF SALE

In Account With

Mrs. Elsie F. Bruglieri

Date of Sale 3/17/57 Total Obligation $ 225.90

Date	Amt. Paid	Received by	Balance Due
1-17-57	60 —	E.F.B.	165 90

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of William W.C. Greenstreet *Deceased*

PHONE SONOMA 2686 May 5 195 1

Casket & complete funeral service	$323.00
2 c/c/	2.00
Local funeral notice	3.61
Examiner notice	7.20
Call Bulletin notice	6.43
Sales tax	4.85
Total	$347.09

May 5,1951 Paid in full In Cash -
By, Frank LaHaye applied on acct
Bates & Evans, Funeral Directors with
By, Owner La Haye

TELEPHONE 2686

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

Sept. 11. 1951

Received receipted bill for W. Grenestuet acc.
for the sum of $347.09 to be paid by me.
Frank LaHaye.

Russel Felt
E H Bockius & Co
Ins. adjusters
149-Calif St Rm 400
Garg 2-2927

He called on
Mrs Gilbert
To ask about
neck injury

ORDER AND TERMS

SONOMA, CALIFORNIA May 3, 1951

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of William J. Dennis and supply the funeral furnishings, casket and professional services in the sum of $331.97, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $....., as follows:

$ Cash - Within herewith and the sum of $ 30 days. each hereafter,

until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Mrs. W. L. Dingraham Address 1087 Ashmount Ave Oakland, Calif.

Signature ..... Address .....

Witness ..... Witness .....

MEMORANDUM OF SALE

In Account With

Mrs. W. L. Ingraham - 1087 Ashmount Ave Oakland

Date of Sale..... Total Obligation $ 331-97

Date	Amt. Paid		Received by	Balance Due	

NON - NEGOTIABLE

OFFICES LOCATED IN PRINCIPAL CITIES

AIRBILL REQUEST & SHIPPING ORDER

The Flying Tiger Line Inc.

451061

Consignor: BATES + EVANS FUNERAL DIRECTORS

Address: 521 Broadway

City: Sanoma Calif. Zone: State:

Consignee: DAVIS FUNERAL HOME

Address: NEW CASTLE, INDIANA

City: Zone: State:

No. Pcs.	DESCRIPTION	WEIGHT	Route
1	case embalmed remains of MARY HILL	377	

CONSIGNOR'S C. O. D. $	ALL-RISK INSURANCE REQUESTED ☐
PICK-UP REQUESTED ☐	DELIVERY REQUESTED ☐
PREPAID (Consignor will pay) ☒	COLLECT (Consignee will pay) ☐
CHARGES ADVANCED $	DECLARED VALUE $ 1000—

REMARKS

X _____
Consignor's Signature

TRUCKER'S RECEIPT. Above described cargo received in good order for transportation to airport.
Exception:—

Company

Driver's Signature

Received by **THE FLYING TIGER LINE INC.** Subject to the terms and conditions of the Carrier's currently effective tariff on file with the U. S. Civil Aeronautics Board as of the date hereof.

Exception:—

AT SFO

BY G A Rindlaub

Date 5/23/51 Time 1530

Airbill No.

Form No. 1011 11-50 50M
BUSINESS SYSTEMS, INCORPORATED

 # 3 - SHIPPER'S COPY

NON - NEGOTIABLE

OFFICES LOCATED IN PRINCIPAL CITIES

AIRBILL REQUEST & SHIPPING ORDER

The Flying Tiger Line Inc.

451061

Bates + Evans Funeral Directors
Consigner

521 Broadway
Address

Sonora Calif.
City Zone State

Davis Funeral Home
Consignee

~~Ft~~ New Castle, Indiana
Address
City Zone State

No. Pcs.	DESCRIPTION	WEIGHT	Route
1	case embalmed remains of Mary Hill	377	

CONSIGNOR'S C. O. D. $

ALL-RISK INSURANCE REQUESTED ☐

PICK-UP REQUESTED ☐

DELIVERY REQUESTED ☐

PREPAID (Consignor will pay) ☒

COLLECT (Consignee will pay) ☐

CHARGES ADVANCED $

DECLARED VALUE $ 1000—

REMARKS

X _____
Consignor's Signature

TRUCKER'S RECEIPT. Above described cargo received in good order for transportation to airport.
Exception:—

Company

Driver's Signature

Received by **THE FLYING TIGER LINE INC.** Subject to the terms and conditions of the Carrier's currently effective tariff on file with the U. S. Civil Aeronautics Board as of the date hereof.

AT SFO

BY G A Rindar

Exception:—

Date 5/23/51 Time 1530

Airbill No.

Form No. 1011 11-50 50M
BUSINESS SYSTEMS, INCORPORATED

 # 4 - TRUCKER'S COPY

AIRBILL REQUEST & SHIPPING ORDER

NON-NEGOTIABLE

THIS IS YOUR
AIRBILL
PLEASE REMIT TO

AIR FREIGHT — **The Flying Tiger Line Inc.** — WORLD WIDE

Lockheed Air Terminal • Burbank, Calif.

Offices Located in Principal Cities

CONSIGNOR: BATES & EVANS FUNERAL DIRECTORS
ADDRESS: 521 BROADWAY
CITY: SANOMA, CALIFORNIA

CONSIGNEE: DAVIS FUNERAL HOME
ADDRESS: NEW CASTLE, INIDIANA
CITY:

NUMBER OF PIECES	DESCRIPTION	COM. CODE	WEIGHT	RATE	CHARGES	
1	case embalmed remains of MARY HILL Pd may 23/1951 Am Trust Ck		377	18.72	70	57
		TOTAL		X	70	57

DECLARED VALUE	CHARGE	C. O. D.	INSURANCE (All Risk Coverage)	PICK-UP	DELIVERY	PREPAID	COLLECT
$1000.00	XXX					XX	

ORIG.	DEST.	FINAL DESTINATION	ROUTE
sfo	chi	new castle Ind.	ftl to chi PENN RR TO NEW CASTLE

REMARKS:

TR AIN # 236-6 LEAVE CHI 2130 cdst arr dest 0225 cdst

NOTIFY CONSIGNEE ARRIVAL TIME

INVOICE

PICK-UP/DELIVERY		
EXCESS VALUATION		90
SUB TOTAL	71	47
TRANSPORTATION TAX	2	14
INSURANCE CHARGE		
CHARGES ADVANCED	20	94
CONSIGNOR'S C.O.D.		
C.O.D. CHARGES		
TOTAL CHARGES	94	55

AIRBILL REQ. NO. OR CONSIGNOR SIGNATURE	AIRBILL NUMBER	DATE RECEIVED	TIME
451061	65068	5-23-51	

RECEIVED BY THE FLYING TIGER AIR LINE, INC.
EXCEPTION:

RONDEAU
BY AGENT

CONDITIONS

THIS SHIPMENT IS SUBJECT TO THE TERMS AND CONDITIONS OF THE CARRIER'S CURRENTLY EFFECTIVE TARIFFS ON FILE WITH THE U. S. CIVIL AERONAUTICS BOARD AS OF THE DATE HEREOF.

FORM #1012 REV. 3-50

DUPLICATE INVOICE

ESTATE CLAIM

LANG-FULLER PRTG. CO.

Claim of Bates and Evans, Funeral Directors

Address 521 Broadway

City Sonoma, State California

IN THE PROBATE COURT OF McLEAN COUNTY, ILLINOIS.

vs.

ESTATE OF EMMA A. KINNE, Deceased

Funeral Services, casket, burial permit, etc.	$539	80
Total		

STATE OF ~~ILLINOIS~~ California,
Sonoma ~~McLean~~ County, } ss.

, being duly sworn, on oath says that the estate of EMMA A. KINNE, deceased, is indebted to BATES AND EVANS, Funeral Directors, in the sum of Five Hundred thirty nine and 80/100ths. ($539.80) Dollars, after allowing all just credits, deductions and set offs; that the same is just and unpaid, on this day of February, 1952

That attached hereto and made a part of this affidavit is a true and correct itemized statement of said account or a true and correct copy of original promissory note, showing all endorsements thereon.

Subscribed and sworn to before me this day of February, 1952.

(SEAL) Notary Public—Clerk

NOTICE—Claimant's name and ADDRESS must be shown above.

Estate No._____

Claim_____

PROBATE COURT

COUNTY OF McLEAN

CLAIM OF

BATES AND EVANS, Funeral Directors

vs.

THE ESTATE OF

EMMA A. KINNE

DECEASED

Docket _____

Page_____

Filed and Docketed_____, 19____

_____ Clerk

Attorneys WILLIAMS & WILLIAMS

Address Bloomington, Illinois

LANG-FULLER PRTG. CO.

Now comes the undersigned Executor Administrator of the within named estate, and enters_____h_____ appearance and waives issuing of process as to this claim and_____ to its allowance this_____day of_____, 19____

_____

_____

This claim allowed by Court in sum of $_____as of_____class, _____, 19____ Judgment entered.

See docket entry.

_____, Judge

This claim heard by Jury Court. Judgment entered on verdict finding in favor of claimant and against estate in sum of $_____. Allowed by Court as _____ class, _____, 19____

See docket entries.

_____, Judge

LAW OFFICES
WILLIAMS & WILLIAMS
UNITY BUILDING
BLOOMINGTON, ILLINOIS

LOUIS L. WILLIAMS
LOUIS D. WILLIAMS

February 6, 1952

Bates and Evans, Funeral Directors
Sonoma
California

Gentlemen:

We send you herewith claim blanks to be filed in the Estate of Emma A. Kinne, Deceased, administration having been taken out in McLean County, Illinois.

The personal property in the estate was insufficient to pay the various claims against the estate, however, there is ample real property to take care of all. It is going to be necessary for us to petition the Probate Court of McLean County, Illinois, to sell the real estate to pay the debts.

For that reason, we ask you to complete the enclosed claim blanks on the first page only, being certain to fill out all the blanks, and being certain to have it properly notarized. Will you please return to us the original and one of the carbon copies, both executed, and retain the second carbon copy for your records. It will probably take us about two months to get the necessary proceedings to sell the real estate completed and to make payment of this claim.

Very truly yours,

WILLIAMS & WILLIAMS

Louis D. Williams

Louis D. Williams

LDW:mg

sent 2-9-32

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Charles Zautz *Deceased*

PHONE SONOMA 2686 June 8,1951 195

Casket	$298.00
Removal from Hospital	10.00
Embalming	25.00
Hearse to Chapel of the Chimes, Oakland	20.00
Limousine to Oakland	20.00
Shirt & tax	2.58
Cremation	50.00
Conducting Funeral & personal services	25.00
Sales Tax	5.97
Total	$456.55

June 8,1951,

I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed Wilma Zautz .....Widow

Date June 21, 1951

Name ZAUTZ, Charles

File No. XC Pending
(C, XC, K, N, etc.)

This acknowledges receipt of claim form recently received in this office.

This matter will receive all necessary attention and action.

Signed J. Millar

Title For: Chief, Adm. Div.

FL 3-30
Aug. 1946
Replaces Form 3250 which may be used.

16—50696-1 GPO

Veterans Administration
1509 Clay Street
Oakland 12, Calif

2012-3BBB

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

BATES & EVANS FUNERAL DIRECTORS
521 Broadway
Sonoma, California

VETERANS ADMINISTRATION
DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

July 18, 1951

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2012-8BA
XC 15 553 975
ZAUTZ, Charles

Bates & Evans Funeral Directors
521 Broadway
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C B Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 373

Services today for Mary Hann

Funeral services will be held at 11 a. m. today, Thursday, for Mrs. Mary Lene Hann, mother of Bud Hann of Glen Ellen, who passed away Monday in Martinez.

Services will be held at the Hosselkus Chapel in Pittsburg, Calif., and graveside services will be held at 2 p. m. today at the family plot in Mountain Cemetery, under direction of Bates, Svans & Fehrensen, Sonoma.

Mrs. Hann is also survived by her other sons, Harry Hann of Los Angeles; Chester Hann, Concord; Jess Hann of Los Angelfes; Edgar Hann of Kansas; Buddy Hann of San Francisco; Bobby Hann of Pittsburg, and by her daughters, Mrs. Pearl Moss, Pittsburg; Mrs. Hazel Lamb, St. Louis., Mo.; Mrs. Mildred Ohl, Concord; Mrs. Jean Canalli, Sutter Creek, and Mrs. Sarah Hulbert of Vallejo.

Thursday, Sept. 14, the local church will be host to the North Bay sectional W.M.C. rally. Services will begin at 10 a.m. and conclude at 3 p.m. A representative of the Latin American Orphanage located in Acapulco, Mexico, will be the guest speaker. The public is invited.

Special program planned Sunday at Glen Ellen church

This coming Sunday will be Rally Day and promotion in the church school of the Glen Ellen Community Church. Special activities are planned beginning with a convocation in the sanctuary at 9:45 a.m. Following this general session for everyone, pupils will go to their new classes. The church school superintendent urges that all boys and girls be present to begin the new quarter's work with their teachers.

The Ordinance of the Lord's Supper will be observed during

Wednesday, Sept. 6, 1961

Obituaries

Hann

Final services are being held tomorrow at 11 a.m. in Pittsburg Calif. for Mary L. Hann, a Pittsburg resident and mother of Bud Hann of Glen Ellen. She passed away Monday. She is also survived by six other sons ond five daughters, and was the wife of the late Edward Hann.

Burial will be in the family plot at Mountain Cemetery, Sonoma.

Graveside services will be conducted at the cemetery at 2 p.m. tomorrow under direction of Bates, Evans & Fehrensen.

99 REAL ESTATE—For Sale

cial

Longtime Valley Man Dies at Grass Valley

Requiem mass was conducted for William Hartung, 76, of Grass Valley last Monday at Grass Valley.

Mr. Hartung, who lived in Grass Valley for the past seven years, was a resident of Sonoma Valley for 30 years prior to moving to Grass Valley. He had been employed by several businesses in the Valley.

Besides a sister, Stella de Burne of Grass Valley, he is survived by his step-father, John Pippin of Grass Valley.

Burial was in St. Francis Solano cemetery last Monday. Bates and Evans was in charge of arrangements.

South 86 degrees 48' West 38
feet; thence South 3 degrees 1
East 144.40 feet to the Nort
westerly corner of the parcel
land conveyed to Paul Jones ar
wife by Deed recorded April
1953 in Book 1198 of Offici
Records, page 407, Sonoma Cou
ty Records; thence North 86 d
grees 48' East and along th
Northerly line of said lands co
veyed to Paul Jones and wife
distance of 385 feet, more
less, to the center of the Coun
Road; thence North 0 degrees 3
West and along the center of th
County Road a distance of 144.
feet to the point of beginnin
and containing 1.28 acres, mo
or less.

Subject to an easement by th
public over all that portion
said premises lying within th
County Road.

Also subject to a permane
easement for a septic tank ar
drain pipes as the same are no
located upon said premises ar

Jesse V. Hann
24 Dawson
Vallejo -

9/5/52
Letter

Mrs Wayne Ohl.
411 napa St.
Vallejo -

9/5/52
Letter

Mrs. O. F. Lamb
605 1/2 Sterling St.
Sugar Creek,
Missouri

9/5/52
Letter

40.00 Pd -
11/17/52 - Bal. 166.38
206 38
Send record to Mrs Edward Hann.
411 - napa St.

April 8,1952

Margaret Slavin
2528 Fulton St.
San Francisco, Calif.

Dear Miss Slavin:

There is a balance of $85.07 due on the account of William Gaffney.

A letter to you on, December 12,1951, and another on, January 4,1952, have not received an answer.

We shall expect to hear from you very soon, Concerning the above account.

Yours Very Truly,

Bates & Evans, Funeral Directors

(Mrs. Ernest G. Evans)

APRIL 30 1953

BATES & EVANS

GENTLEMEN

KINDLY LET ME KNOW THE BALANCE ON ACCOUNT
OF WM. GAFFNEY (DECEASED)

WANT TO SEND CHEK TO CLEAR BY THE
14TH OF MAY

THANKS FOR YOUR KIND CONSIDERATION

SINCERELY

MARGARET SLAVIN
787- 2ND AVE (NEW ADDRESS)
SAN FRANCISCO CALIF

Margaret Slavin

Date 8-3-51

Name MOREHOUSE, Arthur J.

File No. _____
(C, XC, K, N, etc.)

This acknowledges receipt of claim form recently received in this office.

This matter will receive all necessary attention and action.

Signed J. Millar

Title For: Chief, Adm. Div.

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—50696-2 GPO mj

Veterans Administration
1509 Clay Street
~~Oakland 12, Calif.~~
RETURN AFTER FIVE DAYS

2012-3BBR

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

OFFICIAL BUSINESS

HIRE THE HANDICAPPED
IT'S GOOD BUSINESS

BATES & EVANS, FUNERAL DIRECTORS,
531 Broadway
Sonoma, California

OAKLAND 2 CALIF
AUG 2 1951
6:30 PM

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Arthur J. Morehouse *Deceased*

PHONE SONOMA 2686 July 27, 1951

Casket	$140.00
Removal	10.00
Embalming	25.00
Conducting funeral & personal services	25.00
Hearse to Santa Rosa	15.00
Cremation	45.50
Minister	10.00
Music	10.00
Funeral notice	3.61
Sales Tax	3.23
Total	$287.34

July 27,1951,

I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed, Widow

VETERANS ADMINISTRATION
DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

September 14, 1951

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2012-8BA
XC 16 564 658
MOREHOUSE, Arthur J.

Bates and Evans Funeral Directors
531 Broadway
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C B Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 373

VETERANS ADMINISTRATION
DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

YOUR FILE REFERENCE:

August 27, 1951

IN REPLY REFER TO: 2012-8BA
XC 2 067 168
BUCKINGHAM, Joseph Dayel

Bates and Evans, Funeral Directors
521 Broadway Street
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 185.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C B Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 373

FUNERAL ARRANGEMENTS SHEET

DATE: 7-30-51

LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED VETERAN: BUCKINGHAM, Joseph D.

CLAIM NO.: C- 2 067 168

NEXT OF KIN AND RELATIONSHIP: Mrs. Minnie Buckingham (wife)

REGISTER NO.:

CHECK, IF CONTRACT FUNERAL IS DESIRED

☐ CONTRACT FUNERAL

I wish to accept the contract funeral services provided by the Government and authorize the following arrangements to be made:

RELIGIOUS PREFERENCE: ☒ PROTESTANT ☐ CATHOLIC ☐ JEWISH

RELIGIOUS SERVICE TO BE ARRANGED BY: ☐ VA ☒ FAMILY ☐ NONE

PLACE OF SERVICE *(If local interment)*:

TIME OF SERVICE:

DATE OF SERVICE:

NAME AND ADDRESS OF CEMETERY OR CREMATORY:

TIME OF INTERMENT OR CREMATION:

DATE OF INTERMENT OR CREMATION:

IF OUT OF TOWN, CHECK METHOD OF SHIPMENT: ☐ EXPRESS ☐ BAGGAGE ☒ HEARSE ☐ AIRFREIGHT

IS ESCORT DESIRED? ☐ YES ☒ NO *(If "yes," give name, address and relationship.)*

P.U.

DATE OF SHIPMENT: 7-30-51

TIME OF SHIPMENT: 8:10 PM

CITY AND STATE TO WHICH REMAINS (CREMATED) ARE TO BE SHIPPED:

NAME AND ADDRESS OF CONSIGNEE:

CLOTHING: ☐ PERSONALLY OWNED ☐ FURNISHED BY GOVERNMENT ☐ FURNISHED BY CONTRACTOR

IF CLOTHING IS FURNISHED BY GOVERNMENT OR CONTRACTOR, SPECIFY TYPE *(Gray suit, etc.)*:

ITEMS OF PERSONALLY OWNED CLOTHING FURNISHED *(List)*:

TYPE OF CASKET:

CHECK, IF NONCONTRACT FUNERAL IS DESIRED

☒ NON-CONTRACT FUNERAL

I do not wish to accept Government contract funeral services and I desire that the remains of the deceased named above be released to the following funeral home:

NAME OF FUNERAL HOME: Bates & Evans Mortuary

ADDRESS OF FUNERAL HOME *(Street, city, state)*: Sonoma, California

PLACE OF INTERMENT OR CREMATION *(Name and address of cemetery or crematory)*:

REMARKS

"Neither contract mortuary service nor any VA supply item deductible from the statuatory burial allowance is required". No Government transportation required.

Body picked up from S.F. Coronor's Office, by Bates & Evans Mortuary, 7-30-51, 8:10 PM.

I have had explained to me that it is my privilege to accept contract funeral services provided by the Government for the deceased named above, or that I may engage my own funeral director for private funeral and that a Government burial allowance is authorized not to exceed one hundred and fifty dollars ($150.00) plus certain costs of transportation. Further, that I have read and understand the foregoing statements; and arrangements made for the disposition of the remains of the deceased are consistent with my wishes.

SIGNATURE AND TITLE OF EMPLOYEE: Genevieve Spears Detail Clerk

SIGNATURE OF RELATIVE *(Or acting authority)* AND RELATIONSHIP: Mrs. Minnie Buckingham (wife)

NAME OF STATION: VARO, San Francisco 3, California

ADDRESS OF RELATIVE *(Or acting authority)*: Rt. #1, Box 441-B, Sonoma, California

V A FORM NOV 1949 **11-2065**

LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED VETERAN

AUTHORITY TO CREMATE

The undersigned hereby authorizes the Veterans Administration or its contract funeral director to have cremated the remains of the above named deceased veteran and certifies and represents that he or she has the right to make such authorization, and agrees to hold the Veterans Administration or its contract funeral director harmless from any liability on account of said authorization and cremation.

(DATE)

(SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE)

(RELATIONSHIP TO DECEASED OR AUTHORITY TO SIGN)

(ADDRESS)

AUTHORITY TO SHIP BY AIR

The undersigned hereby authorizes the Veterans Administration to ship the remains of the above named deceased veteran by Airfreight, and certifies and represents that he or she as the legal next of kin has the right to make such authorization, and agrees to hold the Veterans Administration harmless from any liability on account of said authorization and shipment.

(DATE)

(SIGNATURE OF NEXT OF KIN OR LEGAL REPRESENTATIVE)

(ADDRESS)

ANY ADDITIONAL ARRANGEMENTS OR REMARKS

GPO W FSO 21-255-15

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Joseph D. Buckingham *Deceased*

PHONE SONOMA 2686 August 2, 195

Casket	$238.00
Removal from San Francisco	20.00
Embalming	25.00
Conducting funeral & personal serviess	25.00
Minister	10.00
Music	10.00
Hearse to cemetery, San Rafael	15.00
Sales Tax	4.85
Total	$347.85
July 30, 1951 paid on account by,	
Mrs. Minnie May Buckingham, Widow	50.00
Balance	$297.85

August 2, 1951, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered.

Signed Widow
Mrs. Minnie May Buckingham

John C. Hubbard

THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO

HOME ADDRESS
3418 Rheem Ave.
RICHMOND, CALIF.
Tel: Hi-Gate 4-5134

PACIFIC COAST BRANCH
610 - 16th St.
OAKLAND 12, CALIF.
Tel: Highgate 4-3870

Received of Bates & Evans

1 Key to Safty Dep. Box -

T 9253 - in -

Bank of America -

Signed -

SONOMA OFFICE
CHAMPION COMPANY
SONOMA, CALIF.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of John Joseph Laus *Deceased*

PHONE SONOMA 2686 August 8 1951

Casket & complete funeral service	$398.00
Burial permit	5.00
Casket spray	15.00
Opening grave	45.00
Rev. Terrell	10.00
Music	10.00
Local funeral notice	3.61
Sales tax	6.20
Total	$492.81

Complete Funeral	390.00	390.
Opening Grave	50.00	50.
Casket Spray	15.00	15.
Minister	5.00	10.
Music (?) 6.00	5.00	10.
Cemetery Permit	4.00	5.
Caly Sales Tax	5.06	5.06
	$474.06	
		503.06
Improving grave	100.00	
Cement Coping	75.00	
Grave marker	$175.00	
Total	$649.06	
	2	
	651.06	

San Francisco Casket Co.

321-335 Valencia Street
San Francisco, 3
Telephones MArket 1146-1147

Dusters:

Mrs Mary Summet
840 Pike Road
~~Neenah~~ Menasha, Wis

Mrs Francis Schepperling
708 Jayco, St.
~~Neenah~~ Menasha Wis

San Francisco Cracker Co.

1121-1131 Valencia Street

San Francisco, 3

Telephone: MArket 1196-1197

Date 9-17-51

Name MARSHALL, Roy Victor

File No. XC PENDING
(C, XC, K, N, etc.)

This acknowledges receipt of claim form recently received in this office.

This matter will receive all necessary attention and action.

Signed J. Millar

Title For: Chief, Adm. Div. bbl

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
1509 Clay Street
Oakland 12, Calif

2012-3BBB

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

Bates & Evans
521 Broadway
Sonoma, Calif.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Roy Victor Marshall *Deceased*

PHONE SONOMA 2686 Sept. 8, 1951

Casket	$73.00
Removal	10.00
Embalming body	25.00
Conducting funeral & services	25.00
Minister	10.00
Music	10.00
Funeral Notice	4.00
Sales tax	2.22
Hearse to Cemetery	15.00
Total	$174.22

Sept.5,1951 Paid on account $24.00

Sept. 8,1951, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered.

Signed Daughter

VETERANS ADMINISTRATION
DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

YOUR FILE REFERENCE:

October 24, 1951

IN REPLY REFER TO: 2012-8BA
XC 16 569 235
MARSHALL, Roy V.

Bates and Evans, Funeral Directors
521 Broadway
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C B Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 373

Date 1-5-52

Name MC MURRAY, Hazel L.
AKA: MARTENS, Hazel L.

File No. XC Pending
(C, XC, K, N, etc.)

This acknowledges receipt of claim form recently received in this office.

This matter will receive all necessary attention and action.

Signed F. Miller

Title For: Chief, Adm. Div. mcc

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

2012-3BBB

Veterans Administration
1509 Clay Street
Oakland 12, Calif.

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

OAKLAND 5 CALIF. JAN 5 11 PM 1952

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

(GPO)

FIGHT
INFANTILE PARALYSIS
JOIN MARCH OF DIMES

BATES & EVANS
521 Broadway St.
Sonoma, Calif.

ORDER AND TERMS

SONOMA, CALIFORNIA April 21, 52

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Hazel L. Martens and supply the funeral furnishings, casket and professional services in the sum of $ 496 00, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $ 496 00, as follows: beginning May 15, 52 $ 100 00 herewith and the sum of $ 50 00 each mo. hereafter, until the full sum shall have been paid. Said payments are payable at the Parlor Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature A. J. Martens Address Rt. 1 Bx 452 B - Sonoma

Signature _____ Address _____

Witness _____ Witness _____

MEMORANDUM OF SALE

In Account With

M. Albert J. Marlens

Date of Sale 11-5-51 Total Obligation $ 496

Date	Amt. Paid	Received by	Balance Due
Dec. 20	100 -	E.W.G.	396 —

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Hazel L. Martens *Deceased*

PHONE SONOMA 2686 Dec. 31 195 1

Casket	$364.00
Removal	10.00
Embalming body	25.00
Hearse to Cemetery	25.00
Limousine to cemetery	15.00
Conducting funeral & personal services	25.00
Rev. Terrell	10.00
Music	10.00
Funeral notice	5.04
Sales tax	6.96
Total	$496.00
Dec. 20, 1951 paid on account	$100.00
Balance	$396.00

Dec. 31, 1951, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that sames has been rendered.

Signed, Albert J. Martens ....Husband

April 8,1952

Veteran's Administration
1509 Clay St.
Oakland 12, California

Re:McMurry,Hazel L, AKA Martens Hazel L.
XC Pending

Gentlemen:

Acknowledgement of the above named veteran, was received on January 5,1952. We have not received an approval of the claim, at this date.

Would greatly appreciate any information you may give us, regarding the above Claim.

Yours Very Truly,

Bates & Evans Funeral Directors

(Mrs. Ernest C. Evans)

Nov 30 19 51 NO. 07302

RECEIVED FROM Bates & Evans

Creditor's Claim DOLLARS

Estate of

Marie Benqueral - in the amount of

$ 633.07

HOW PAID | BALANCE DUE

$ + =

RECEIVED DEC 3 1951 SANTA ROSA BR. SANTA ROSA, CALIF. Bank of America N. T. & S. A.

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Marie Bengueral *Deceased*

PHONE SONOMA 2686 Nov. 30, 195 1

Casket, and Complete funeral service	$323.00
one grave	65.00
Opening grave	25.00
Mass	15.00
Balance on ashes for, Henri Bengueral	200.00
Sales tax	5.07
Total	$633.07

Less $16.15 cash discount if paid on, or before December 13, 1951

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Marie Bengueral *Deceased*

PHONE SONOMA 2686 Nov. 30, 1951

Casket, and Complete funeral service	$323.00
one grave	65.00
Opening grave	25.00
Mass	15.00
Balance on ashes for, Henri Bengueral	200.00
Sales tax	5.07
Total	$633.07

Less $16.15 cash discount if paid on, or before December 13, 1951

CABLE ADDRESS—BAMERICAL

13044

Bank of America

NATIONAL TRUST AND SAVINGS ASSOCIATION

TRUST DEPARTMENT

Santa Rosa, California
November 28, 1951

Bates & Evans
Mortuary
Sonoma, California

Subject: Santa Rosa Trust #50377
Estate of Benguerel

Gentlemen:

I understand that you will have a claim against the estate of Marie I. Benguerel for the funeral and burial. I understand this includes the burial plot and funeral. Would you please forward a claim in this matter to this bank as we are named as Executor under the Will of Mrs. Benguerel. If you will do this as soon as possible it will be appreciated as I understand there is some discount allowable in this case.

Yours very truly,

M. Brine
Assistant Trust Officer

PS: I am also told that there may be included in this claim some amount for the interrment of Mrs. Benguerel's predeceased husbands ashes in the same grave with Mrs. Benguerel. I do not know the exact circumstances in connection with this, but I presume it could all be put on the same claim.

MB:ld

Filed 11-30-51
Bank of America -
Trust Dept
Santa Rosa -

Ray Grinstead
Attorney at Law
Sonoma, California
Telephone 2694

JANUARY _____,1952 -RE: ESTATE OF LOUIS BOISSONNEAU, Deceased

RECEIVED from E. EVANS the following articles of personal property of the above Decedent:

1 Waltham watch
Cash in sum of $17.96
1 grey fountain pen
keys
3 rings
1 California gold coin
three nuggets- yellow metal
14 cold coins in box
Envelope of papers for Otto Heiss
American Trust Bank Book, #1411 with papers attached
Bank of America pass book #5102
Golden West Savings & Loan pass book #2821
Naturalization papers
U.S.BONDS - $275.00
1 share of Ideal Steele Wheel Inc.
1 share of Bethlehem Steele Corporation

George Boissonneau

Received Bank of America Bank Book,
Cash - 17.96

TELEPHONE 1578 NOTARY PUBLIC

R. M. QUACKENBUSH
ATTORNEY AT LAW
303-304 ROSENBERG BUILDING
SANTA ROSA, CALIF.

February 6, 1952

Bates & Evans
Funeral Directors
Sonoma, California

Re: Estate of Carolina Bassetti, Deceased.

Gentlemen:

I am enclosing herewith a claim for the amount of your charge in the above matter, which I would like to have you sign, have notarized, and return to me.

Yours truly,

R. M. QUACKENBUSH

RMQ:jf
Enc.

Filed

2-8-52

San Francisco Casket Co.

321-335 Valencia Street
San Francisco, 3
Telephones MArket 1-1146-47

Mrs
Mary McInnes

150 Edinburgh
St
S.F.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Charles V. Humes *Deceased*

PHONE SONOMA 2686 Jan. 12,1952 195

Casket	$293.00
Removal	10.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Suit & tax	21.12
Minister	10.00
Funeral notices	3.61
Hearse to cemetery	25.00
Limousine to cemetery	20.00
Sales Tax	5.97
Total	$438.70

Jan. 12,1952, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered.

Signed Mrs Madeline Humes .....Widow
Madeline M. Humes

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO
April 7, 1952

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAE
XC 1 264 935
HUMES, Charles V.

Bates and Evans Funeral Directors
521 Broadway
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY,
Chief, Dependents and Beneficiaries
Claim Division, Claims Service

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 2461

February 15,1952

Re;Humes Charles V.
XC 1 264 935

Veteran's of Foreign Wars
49- 4th. St.
San Francisco 3, California

Attention, Arthur E. Hills

Dear Sir:

Your letter of February 14,1952 received.

All necessary papers for the $150.00 Government burial allowance, were filed with the Government on, January 22,1952.

We never give a receipt marked, Paid in full, until the account is paid in full. You will note the $150.00 is shown as a balance, only.

When we receive the check from the Government, we shall send Mrs. Humes a receipt marked, Paid in full. The reason for this procedure is, that sometimes the widow files papers with the Government for pension etc., wherein she submits a receipt from us, as Funeral Directors. If she submits a receipt marked, Paid in full, before we receive the check, for the burial allowance, the Government immediately contacts us, asking for an explanation as, to why we are filing for the burial allowance, when the widow had paid the account in full.

We do not issue thecertified certificates, but order them from the Health Dept. in Santa Rosa, for anyone who wishes them. We never make a charge for doing this, but the Health Dept. charges $1.00 for each certified certificate.
They do not charge for certificates that are used for Government purposes.Mrs. Humes did not tell for what purposes she wanted these certificates. If any are used for insurance,Bonds, etc. there is a charge,however the ones used for Government procedures, there is no charge.Please advise how many were for Government use, and we will in turn advise the Health Dept.

Trusting this explanation is clear to you, We Are,

Yours Very Truly,
Bates & Evans, (Mrs. Ernest G. Evans)

VETERANS OF FOREIGN WARS
. . OF . .
THE UNITED STATES
FOUNDED 1899

DEPARTMENT OF CALIFORNIA
118

OFFICE OF
DEPT. SERVICE OFFICER
VETERANS ADMINISTRATION
REGIONAL OFFICE
49 FOURTH STREET
SAN FRANCISCO 3, CALIF.
PHONES: SUTTER 1-4935
SUTTER 1-4936

February 14, 1952

RE: HUMES, Charles V.
XC 1 264 935

Bates & Evans
Funeral Directors
Sonoma, California

Attention: Jewell R. Evans

Dear Sir:

Attached is a statement sent by you to Mrs. Humes on February 12, 1952.

Mrs. Humes has asked me to handle her business for her. I am at a loss to understand why you are billing the widow $150 allowed by the government for burial. Have you filed the necessary papers to obtain the burial allowance?

I also wish to call your attention to the fact that under California Law there is no charge for certified copies of certificates used in connection with any veteran's or his widow's claim for pension or compensation.

May I hear from you at once regarding this matter.

Very truly yours,

Arthur E. Hills

ARTHUR E. HILLS
Claims Representative

AEH:ef
Att. 1

BEFORE THE INDUSTRIAL ACCIDENT COMMISSION OF THE STATE OF CALIFORNIA

CLAIM NO. S.F. 140-802

MARIE E. HOOVER,

Applicant,

vs.

GROSKOPF-WEIDER TRUCKING COMPANY, and INDUSTRIAL INDEMNITY COMPANY,

Defendants.

FINDINGS AND AWARD

Mailed from San Francisco Office

AUG 26 1952

Industrial Accident Commission
State of California

Applicant's attorney: Roland H. Kruger

Stipulation for Death Benefit Award having been filed by the parties on June 10, 1952, and the matter having been submitted;

GOOD CAUSE APPEARING,

MARGARET McGUIRE, Referee, makes the following Findings and Award:

COPY

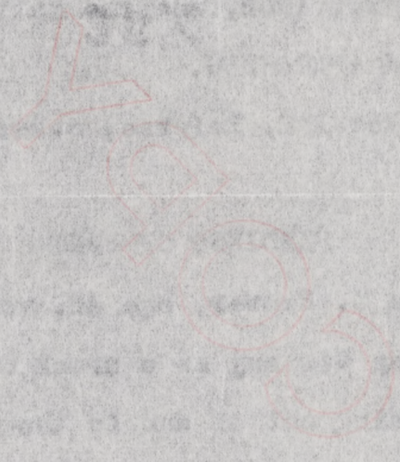
FINDINGS OF FACT

1. George S. Hoover, age 46, while employed by Groskopf Weider Trucking Company as a truck driver at Sonoma, California, sustained injuries arising out of and in the course of his employment on March 23, 1952, which resulted in his death on the same date. At said time both employer and employee were subject to the provisions of the Labor Code of California, and the employer was insured against its liability under said Code by Industrial Indemnity Company.

2. Said employee left surviving as a total and only dependent his wife, Marie E. Hoover, who is entitled to a death benefit of $7,000.00, payable at the rate of $35.00 a week, commencing March 24, 1952, and continuing weekly thereafter until the full amount of said death benefit shall have been paid. The foregoing benefit is based upon the maximum provided for by the Labor Code.

3. The widow, Marie E. Hoover, is entitled to the statutory burial expense in the amount of $400.00, payable forthwith

FORM 297
60404 4-52 50M
SPO



to Bates & Evans, Funeral Directors, Sonoma, California.

4. Ronald H. Kruger, applicant's attorney, has rendered legal services of the reasonable value of $250.00 and is entitled to a lien in said amount against unpaid death benefit.

A-W-A-R-D

AWARD IS MADE in favor of Marie E. Hoover, applicant, against Industrial Indemnity Company, defendant, as follows:

1. Death Benefit in the amount of $7,000.00, payable at the rate of $35.00 a week, commencing March 24, 1952, together with interest as provided by law, less $250.00 payable to Ronald H. Kruger as an attorney's fee.

2. Statutory burial expense in the amount of $400.00, payable direct to Bates & Evans, Funeral Directors, Sonoma, California.

MARGARET McGUIRE, REFEREE
INDUSTRIAL ACCIDENT COMMISSION

COPY

DATED AT SAN FRANCISCO
CALIFORNIA
AUG 22 1952

McG:AM
140-802

FORM 297
60404 4-52 50M
SPO

ORDER AND TERMS

SONOMA, CALIFORNIA April 7, 1952

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Joseph O. Berkland and supply the funeral furnishings, casket and professional services in the sum of $207.40, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $207.40, as follows:

$20.00 herewith and the sum of $10.00 each Month hereafter, until the full sum shall have been paid. Said payments are payable at the office Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature James O Berkland Address P.O. Box 47 Glenn Ellen

Signature ..... Address .....

Witness ..... Witness .....

MEMORANDUM OF SALE

In Account With

M.....

Date of Sale.....Total Obligation $.....

Date	Amt. Paid		Received by	Balance Due	

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of John H. Nunn *Deceased*

PHONE SONOMA 2686 April 16, 1952

Complete funeral services, including
the following;
Casket
Removal
Embalming
Personal services
Hearse
Funeral notices
Pallbearers gloves
Grave marker
Music
Steele Vault $840.61
Sales tax ...15.03
Total $855.64

April 16,1952, I hereby state that the above statement is correct, that said services, and merchandise, were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.....Widow

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of John Herbert Nunn *Deceased*

PHONE SONOMA 2686 April 17 195 2

Casket & complete funeral services	$652.00
Steele Vault	175.00
Music	10.00
Local funeral notice	3.61
Sales tax	15.03
Total	$855.64
2 0 %	2 —
	857 64

Less $41.35 cash discount if paid on, or before May 16,1952

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

MAY 12 1952

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAD
XC 2 938 312
NUNN, John H.

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claim Division, Claims Service

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 2461

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Gladys Nordmann *Deceased*

PHONE SONOMA 2686 April 15, 195 2

Casket, And complete funeral services		$345.00
Permit, Packing, shipping ashes		5.00
Cemation		45.00
Music		10.00
Reader, Mrs. Witt		10.00
Local funeral notice		3.61
Examiner notice		6.72
Sales tax		5.18
	Total	$430.51

Less $17.25 cash discount if apid on,
or before May 15, 1952

Sept 22, 1955

Mrs. Jewell R. Evans,

Am sorry we have not made a payment to you for sometime, but Mr. Jones and I have had other obligations to make.

We will take care of this matter just as quickly as we can.

Hoping this meets your approval.

Sincerely,

Mrs. William Jones

155 Brunswick St.

87.

No. 559

SAN FRANCISCO 9, CALIF. June 25, 1952

Bates + Evans

Two hundred twelve + 30/100 DOLLARS $212.30

ACCOUNT Charles H. Haggard

CHECK ☑ CASH ☐

DISCOUNT ALLOWED $ —

HALSTED & CO.

A/C No. H2878

BALANCE DUE $ In full

BY V. L. Flinn

G

PACIFIC LODGE No. 136

F. & A. M.

SAN FRANCISCO, CALIFORNIA

May 12, 1952.

Mrs. Leona Haggard,
P.O. Box 605
Boyes Springs,
Cal.

Dear Mrs. Haggard;

In reply to yours of the 8th inst., the statement of Halsted & Co. charged to Bates & Evans should be explained by them to you. While the charges are correct you should have been advised by them in advance of the incurring of the same.

This Lodge like all Masonic Lodges not being a beneficial society pays no death benefits or assumes liability for any indebtness not authorized by the Lodge, but in cases of distress comes to the assistance of worthy Master Masons, their widows and orphans . Under the later provision, in case of necessity the Master's address is R.E. Williams, 3655 West Street, Oakland 8 Cal.

By instruction of the Master,

Paul Nathanm
Secretary.

Letter to Halsted + Co
for itemized Cem. Charges - 5-19-52

Letter to Paul Nathan Sec.
Pacific Lodge -

ORDER AND TERMS

SONOMA, CALIFORNIA April 25, 1952

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Mitchell Tapp- and supply the funeral furnishings, casket and professional services in the sum of $ 80.36, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $ 80.36, as follows: $5.00 on 1st of each mo. $5.00 on 15th " " month

$ herewith and the sum of $ each hereafter, until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Charles L Tapp Address P.O Box 816 Gen Del. Boyes Springs Cal-

Signature Address

Witness Witness

MEMORANDUM OF SALE

In Account With

M.....

Date of Sale.....Total Obligation $.....

Date	Amt. Paid		Received by	Balance Due	

Form W-2
U. S. Treasury Department
Internal Revenue Service

WITHHOLDING STATEMENT—1946
Wages Paid and Income Tax Withheld

ORIGINAL
Do Not Lose This Statement

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

ERHARD GRIEDER
ROUTE 2, BOX 106
SONOMA, CALIFORNIA

565-30-9488

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll deductions) paid in 1946	Federal income tax withheld, if any
$ 325.00	$ 23.60

EMPLOYER BY WHOM PAID (Name, address, and S. S. identification No.)

SONOMA VALLEY COMMUNITY HOSPITAL
SONOMA, CALIFORNIA

94-1020464

To EMPLOYEE:

You may use the form on the back of this original Form W-2 as your income tax return *under certain conditions.* Before you use it, read the instructions on the back of the attached Employee's Copy.

DO NOT WRITE IN THIS SPACE—FOR COLLECTOR'S USE ONLY

Tax ..... $.....

Credits ..... $.....

Balance due or refund .. $.....

Interest on refund ..... $.....

Total ..... $.....

16—44829-2

U. S. Treasury Department
Internal Revenue Service

EMPLOYEE'S OPTIONAL INCOME TAX RETURN

Read carefully the instructions on the back of Employee's Copy

1946

1. Write total of wages shown on this and all your other 1946 Withholding Statements $_____
   Attach all original Withholding Statements (Form W-2).

2. Write total of all other wages, dividends, and interest _____ $_____
   If line 2 is over $100, or if you had *any* other income (such as rent, etc.), use Form 1040 instead of this form.

3. Add lines 1 and 2. Write total here ___ $_____
   If line 3 is $5,000 or more, use Form 1040 instead of this form.

4. If you were a married person in 1946:
   a. Write name of your wife (or husband) _____
   b. Did your wife (or husband) have any income (other than income excluded by law) which is *not* included in line 3?_____
      ("Yes" or "No")
   c. If line 3 includes income of both husband and wife, show husband's income $_____; wife's income $_____
      Tax will be computed to your advantage either on combined or separate incomes.

5. What is your occupation? _____
   If this is a combined return, also state wife's occupation.

GPO 16—44829-2

YOUR 1946 EXEMPTIONS

One will be counted for you. One also will be counted for your wife (or husband) *unless* she (or he) had income not included in this return. Therefore, do not list below yourself or your wife (or husband).

In addition, one will be counted for each dependent you list below—*each dependent* listed must meet *all three* of the following conditions:

a. He or she received over half of his or her 1946 support from you.
b. He or she had less than $500 income in 1946.
c. He or she was a close relative as defined in the instructions.

NOTE.—If this is a combined return of husband and wife, list dependents of both and write letter "W" after names of dependents supported by wife.

_____ (Name) (Relationship)

_____ (Name) (Relationship)

_____ (Name) (Relationship)

_____ (Name) If you need more space, attach list. (Relationship)

I declare under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief, and that ALL MY 1946 INCOME IS REPORTED HEREON.

Signature _____ _____ (Date)

Signature _____ _____
(If this is a combined return of husband and wife, it must be signed by both)

Form W-2
U. S. Treasury Department
Internal Revenue Service

WITHHOLDING STATEMENT—1946
Wages Paid and Income Tax Withheld

EMPLOYEE'S COPY (DUPLICATE)

EMPLOYEE TO WHOM PAID (Print name, address, and Social Security No.)

ERHARD GRIEDER
ROUTE 2, BOX 106
SONOMA, CALIFORNIA

565-30-9488

(To EMPLOYEE: Change name and address if not correctly shown)

Total wages (before pay-roll deductions) paid in 1946	Federal income tax withheld, if any
$325.00	$ 23.60

EMPLOYER BY WHOM PAID (Name, address, and S. S. identification No.)

SONOMA VALLEY COMMUNITY HOSPITAL
SONOMA, CALIFORNIA

94-1020460

16—44829-3

To EMPLOYEE:

This is your copy. Do not file with Collector.

If you use Employee's Optional Income Tax Return on back of the original Form W-2 as your return, you should make a record of your return below:

1. Write total of wages shown on this and all your other 1946 Withholding Statements $.....
2. Write total of all other wages, dividends, and interest ..... $.....
3. Add lines 1 and 2. Write total here $.....

4c. If line 3 includes income of both husband and wife, show husband's income $.....; wife's income $.....

List of dependents claimed:

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

(Name) (Relationship)

EMPLOYEE'S COPY

INSTRUCTIONS FOR THE USE OF EMPLOYEE'S OPTIONAL INCOME TAX RETURN

Who Must File.—If your gross income in 1946 was $500 or more, you must file an income tax return on Employee's Optional Income Tax Return or on Form 1040 which may be obtained from the Collector of Internal Revenue, your employer, bank, or post office.

Who May Use Optional Return.—You may use the optional return if your total income was less than $5,000 and consisted wholly of wages reported on Withholding Statements (Form W-2) or of such wages and not more than $100 of other wages, dividends, and interest.

Married Couple—Advantage of Combined Return.—A married couple may use Employee's Optional Income Tax Return to show their combined income if the total is less than $5,000 and consists entirely of wages reported on Withholding Statements (Form W-2) or of such wages and not more than $100 of other wages, dividends, and interest. A combined return on the optional form never results in more tax than separate returns because the tax is computed by the collector on the combined income or on the separate incomes, whichever results in the lesser tax or larger refund for the couple.

Income Under $500.—A single person with less than $500 income should file a return to get a refund if tax was withheld. A married person with less than $500 income should always file a combined return with husband or wife to get the lesser tax or larger refund for the couple.

How to Use Optional Return.—Completely fill out the form on the back of the Withholding Statement (Form W-2). If you received more than one statement or if husband and wife who file a combined return have more than one statement, fill out only the last form received and make no entries on the other forms. *Sign* the completed form, *fasten* all others securely to it, and mail to the Collector of Internal Revenue for your district between January 1 and March 15, 1947. If any statement is missing and you cannot obtain a copy from your employer, you must make your return on Form 1040.

Payment or Refund.—Do not make a payment with your optional return. The collector will determine the tax and send you a statement for the balance you owe or a refund of the amount withheld in excess of the tax.

Deductions.—If you use the optional return, the collector will determine your tax from a table provided by law, which allows about 10% of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous items. In order to claim deductions amounting to more than 10% of your income, you must file Form 1040.

Close Relative Defined.—"Close relative" means: Your son, daughter, or a descendant of either; your stepson, stepdaughter, son-in-law, daughter-in-law; your father, mother, or ancestor of either; your stepfather, stepmother, father-in-law, or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law; your uncle, aunt, nephew, or niece. Do not include an uncle, aunt, nephew, or niece if related to you only by marriage. The above relationships apply to a legally adopted child.

Only dependent relatives who are United States citizens or who are residents of the United States, Canada, or Mexico may be listed.

A relative who files a combined return with her husband (or his wife) uses the exemption and may not be listed as your dependent.

16—44829-2 U. S. GOVERNMENT PRINTING OFFICE : 1946—O-704231

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Date.....52

Received from the above named firm, Creditors Claim, in the amount of, $428.23, for funeral expenses, which I, as Administrator, will file against the Estate.

Signed.....
Administrator of the Estate of Caesar Laurenzi, deceased.

IN THE

SUPERIOR COURT

OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of

Caesar Laurenzi

Deceased.

No.....

Creditor's Claim

The undersigned creditor.... of the above named deceased, present..... claim ..... against the estate of said deceased, with the necessary vouchers for approval, as follows, to-wit:

Estate of Caesar Laurenzi, Deceased.

To Bates & Evans, Funeral Directors Dr.

19 52

Cash advanced to Moody Funeral Home for,	
Casket & services	$275.00
Sales tax on above	4.12
Telephone calls, at Moody Funeral Home	6.73
Removal from Crockett, & Chapel service	45.00
Father Roberts	15.00
Express fares to Crockett	16.38
Telephone calls	6.00
Opening grave, Burial permit	55.00
Cemetery Equipment	5.00
Total	$428.23

State of California, } ss.
County of Sonoma }

Jewell R. Evans being first duly sworn deposes and says: That Bates & Evans Funeral Directors whose foregoing claim is herewith presented to the Administrator of the Estate of said deceased, is (1) the firm name and style under which said business is conducted; that affiant is (2) Secretary and for that reason he makes this affidavit on behalf of said (3) Bates & Evans Funeral Directors That the amount of said claim, to-wit, the sum of Four Hundred Twenty Eight and 23/100ths. ($428.23) Dollars is justly due to said claimant....., that no payments have been made thereon which are not credited, and that there are no offsets to the same to the knowledge of said affiant.

Subscribed and sworn to before me this 19th day of May, 19 52

Jewell R. Evans
Secretary

Notary Public in and for the County of Sonoma State of California

(1) Firm or corporation, as the case may be; insert name of individuals composing co-partnership; if a corporation so state, giving name of State in which same was organized.

(2) State fully capacity in which affiant acts. If a member of firm, say so; if a managing agent state why it is not sworn to by one of the principals; if an officer of a corporation, state what officer, if an individual claimant, so state.

(3) Firm or corporation.

No.....

Probate—Dept. No. 2

IN THE SUPERIOR COURT

OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of

Caesar Laurenzi

Deceased.

Claim of

Bates & Evans Funeral Directors

For $428.23

The within claim presented to the Administrator of the estate of said deceased is allowed and approved for $428.23 this day of, 19 52

Judge.

Allowed and approved for $428.23 this day of, 19 52

THEODORE G. ELGES
ATTORNEY AT LAW
QUINCY, CALIFORNIA

June 27, 1952

Bates and Evans
Funeral Directors
Sonoma, California

Dear Sirs:

I am enclosing herewith the statement that you forwarded to Mr. Jaynes who in turn forwarded it to me.

I am returning these documents to you by reason of the fact that there are no probate proceedings pending in the matter of the estate of Caesar Laurenzi and I am not the attorney in any such matter.

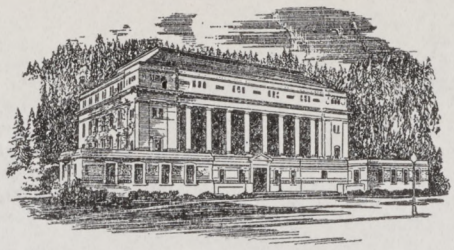
Yours very truly,

Theodore G. Elges

Theodore G. Elges

TGE:ms
Encl.

BERTRAM D. JANES
DISTRICT ATTORNEY
& PUBLIC ADMINISTRATOR



County of Plumas

QUINCY CALIFORNIA

June 26, 1952

Bates and Evans
Funeral Directors
Sonoma, California

Gentlemen: In re: CAESAR LAURENZI, deceased

I have your letter of June 17, 1952, and had earlier received your Creditor's Claim in the amount of $428.23.

For your information, I am not acting as Administrator of this estate. The attorney for the Administrator is T. G. Elges, of Quincy, to whom I am forwarding your Claim, together with the form of receipt sent by you, and a copy of this letter.

Very truly yours

B. D. Janes/co

BDJ:co
cc: T.G.Elges
Attorney at Law
Quincy, California

521 VICENTE ST.,
SAN FRANCISCO, CALIF.
MAY 13, 1952.

BATES & EVANS FUNERAL DIRECTORS,
S ONOMA, CALIF.

ATTENTION: MR. EVANS.

DEAR MR. EVANS:

MY SISTER, MRS. FRANCES HAYES, WAS UP TO QUINCY SATURDAY, MAY 10TH, REGARDING THE ESTATE OF MY LATE UNCLE, CAESAR LAURENZI.

AFTER TALKING THE MATTER OVER WITH THE ATTORNEY, MR. THEO. ELGES, WE FIND THAT HIS ESTATE IS IN EXCESS OF $1,000.00 WHICH NATURALLY NECESSITATES THAT THE ESTATE MUST BE PROBATED. MR. BERTRAM JANES, THE PUBLIC ADMINISTRATOR OF QUINCY, CALIF. WILL HANDLE SAME, SO KINDLY SEND YOUR CERTIFIED BILL IN THE AMOUNT OF $428.33 TO THE PUBLIC ADMINISTRATOR FOR PAYMENT.

I AM SORRY THIS HAS TO BE HANDLED THIS WAY BUT DUE TO THE CIRCUMSTANCES THIS IS THE ONLY WAY SAME CAN BE HANDLED, ACCORDING TO LAW.

I AM ALSO WRITING MR. JANES TO GIVE THIS MATTER HIS PROMPT ATTENTION.

THANKING YOU FOR YOUR MANY COURTESIES EXTENDED TO US, I AM,

YOURS VERY TRULY,

Ruth Therien

(MRS.) RUTH THERIEN.

PS: PREVIOUS PAPER SENT YOU TO BE CONSIDERED VOID AS WE FIRST THOUGHT HIS ESTATE CONSISTED OF ONLY THE $152.47 WHICH WOULD HAVE BEEN PAID TO YOU AT ONCE BUT SINCE THERE IS MORE MONEY INVOLVED MAKING THE ESTATE OVER $1,000.00 AS ADVISED YOU ABOVE, IT MUST GO THROUGH THE PROBATE COURT.

6/24/52 Letter to Mrs Therien.

521 VICENTE ST.,
SAN FRANCISCO, CALIF.
JUNE 30, 1952.

BATES & EVANS,
FUNERAL DIRECTORS,
SONOMA, CALIF.

RE: CAESAR LAURENZI, DECEASED.

ATTENTION: MRS. ERNEST G. EVANS .

DEAR MRS. EVANS:

THE WRITER JUST RETURNED FROM A VACATION AND FOUND YOUR LETTER OF JUNE 24TH.

I AM VERY SORRY THAT YOU HAVE HAD SO MUCH TROUBLE WITH THE PUBLIC ADMINISTRATOR AT QUINCY, CALIF. AS HE DOES NOT ANSWER US EITHER, HOWEVER, MY SISTER RECEIVED A LETTER FROM HIM YESTERDAY STATING THAT HE WAS NOT GOING TO HANDLE THE ESTATE OF THE DECEASED AS, NO DOUBT, IT IS TOO SMALL. INCIDENTALLY, WHAT WE THOUGHT WAS MY UNCLE'S ESTATE IS IN REALITY MY GRANDFATHER'S ESTATE SO INASMUCH AS THERE IS JUST THE AMOUNT OF $152.47 IN THE BANK I WILL HAVE ONE OF THE OFFICERS OF THE BANK OF AMERICA HERE IN SAN FRANCISCO WRITE DIRECT TO QUINC Y TO HAVE THIS MONEY RELEASED TO YOU AND YOU SHOULD HAVE IT WITHIN THE NEXT WEEK OR SO.

I AM ENCLOSING MY CHECK FOR $275.76 AND WHEN YOU RECEIVE THE MONEY FROM THE BA NK OF AMERICA THIS WILL PAY THIS BILL IN FULL AND I WOULD APPRECIATE YOUR SENDING ME A RECEIPTED BILL IN FULL. IF YOU DO NOT RECEIVE THIS MONEY WITHIN THE NEXT WEEK OR SO PLEASE LET ME KNOW AND I WILL FOLLOW THRU ON THIS.

REGRETTING WE HAD TO CAUSE YOU SO MUCH TROUBLE ON SUCH A SMALL MATTER AND THANKING YOU FOR YOUR MANY COURTESIES SHOWN US, I AM,

YOURS VERY TRULY,

Ruth Therien

(MRS.) RUTH THERIEN

ENCL.1.

521 Vicente St.,
San Francisco, Calif.
June 30, 1952.

Bates & Evans,
Funeral Directors,
Sonoma, Calif.

Re: Caesar Laurenzi, Deceased.

Attention: Mrs. Ernest S. Evans.

Dear Mrs. Evans:

The writer just returned from a vacation and found your letter of June 24th.

I am very sorry that you have had so much trouble with the Public Administrator at Quincy, Calif. As he does not answer us either, however, my sister received a letter from him yesterday stating that he was not going to handle the estate of the deceased as, no doubt, it is too small. Incidentally, what we thought was my Uncle's estate is in reality my Grandfather's estate so inasmuch as there is just the amount of $152.47 in the bank I will have one of the officers of the Bank of America here in San Francisco write direct to Quino Y to have this money released to you and you should have it within the next week or so.

I am enclosing my check for $275.76 and when you receive the money from the Ba nk of America this will pay this bill in full and I would appreciate your sending me a receipted bill in full. If you do not receive this money within the next week or so please let me know and I will follow thru on this.

Regretting we had to cause you so much trouble on such a small matter and thanking you for your many courtesies shown us, I am,

Yours very truly,

(Mrs.) Ruth Theriem

Encl.1.

Form No. 1
(Physician's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Stan Spiva for 65 days; that said party died on the 9th day of May, 19 52, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Stan Spiva deceased, in order to determine and ascertain the cause of death.

Dated: 5-9-52

R Nielsen MD
Physician and Surgeon.

CR 1-250 Sets-6-49

October 10,1952

Mrs. Adelaide McConnell
719 Washington St.
Santa Rosa, Calif.

Dear Mrs. McConnell:

It has been five months since your husband,Harry Leland McConnell passed away, and we have not had any arrangements from you, as to the payment of the account.

It is necessary that you get in touch with us regarding this matter very soon. We do not wish to make it a burden to you, but we can work out small monthly payments, that will be satisfactory with us both.

We shall expect to hear from you very soon.

Yours Very Truly,

Bates & Evans

(Mrs. Ernest G. Evans)

WALLACE D. McCONNELL
4420 ERIE STREET
YOUNGSTOWN 12, OHIO

May 25, 1952

Bates and Evans Mortuary,

Sonoma, California

Gentlemen:

According to a newspaper clipping headed Sonoma your establishment had charge of the burial of my brother Harry Ieland McConnell.

To date we have been unable to get any particulars as to the cause of death, place of burial etc.

Would it be out of order to ask you for a copy of the death certificate, place of burial and any other particularswhich would be of interest to the family.

A break in family relations occurred some years ago due to no fault of his, so consequently none of the family on his side were notified until after the time of the funeral. His mother and two sisters live at Ventura, near Los Angeles and could have been in attendance had they been duly notified. Thanking you for any information you can give the family, I am

Yours very truly

Wallace D McConnell

Wallace D. McConnell

brother of Harry Ieland McConnell

Sent Copy of
Certificate

July 10, 1952

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Vernon Lemley Logan *Deceased*

PHONE SONOMA 2686 May 20, 1952

Complete funeral services including, the following;

Casket
Removal
Embalming
Personal services
Hearse to airport
Private car to train
Music
Air fares to Fort Worth, Texas for body

Total.....	$769.23
Less cash discount	32.60
Balance	$736.63

May 20, 1952, I hereby state that the above statement is correct, that said services, and merchandise were ordered by, Mrs. Marjorie Hanna, Sister, and that same has been paid in full.

Signed
By, Secretary

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Vernon Lemley Logan *Deceased*

PHONE SONOMA 2686 May 20,1952 195

Complete funeral services, including
the following;
Casket
Removal
Embalming
Personal services
Hearse to Airport
Music
Air fares to Fort Worth, Texas

Total ,,.....$769.23

May 20,1952, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that no payment has been made at this date.

Signed X Mrs. Marjorie Hanna Sister
Mrs. Marjorie Hanna
(Mrs. F.C. Hanna)

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Vernon Lemley Logan *Deceased*

PHONE SONOMA 2686 May 20,1952 195

Complete funeral services, including
the following;

Casket

Removal

Embalming

Personal services

Hearse to Airport

Music

Air fares to Fort Worth, Texas

Total $769.23

May 20,1952, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that no payment has been made at this date.

Signed Mrs. Marjorie Hanna Sister
Mrs. Marjorie Hanna
(Mrs. F.C. Hanna)

AA FORM AC-1A
PRINTED IN U. S. A.

AMERICAN AIRLINES, Inc.

AIRfreight

UNIFORM AIRBILL
NON-NEGOTIABLE

AIRBILL NUMBER (INSERTED BY CARRIER)
01- SFO - 1250417

FROM (CONSIGNOR): Bates & Evans Funeral Dir.
CONSIGNOR'S STREET ADDRESS: 691 Broadway
CITY: Sonoma ZONE: STATE: Calif
BY: x C. A. Gordon
CONSIGNOR'S NO.:

TO (CONSIGNEE): Robertson, Mueller, Harper Mortuary
CONSIGNEE'S STREET ADDRESS: 1326 Pennsylvania Ave
CITY: Fort Worth, ZONE: STATE: Texas
DESTINATION AIRPORT CITY: DAL
CONSIGNEE'S NO.:

DECLARED VALUE: $ NVD
Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

Airline Routing Applies Unless Shipper Inserts Specific Routing Here: AAL/DAL

RECEIVED BY CARRIER AT (CHECK ONE): ☐ CONSIGNOR'S DOOR ☐ CITY TERMINAL ☒ AIRPORT TERMINAL

DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below. ☐ CITY TERMINAL ☒ AIRPORT TERMINAL

CHARGES (CHECK ONE) ☒ PREPAID ☐ COLLECT

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	AIRLINE ROUTING TO	AIRLINE ROUTING VIA	RATE	CHARGES
1	Human Remains "Vernon L. Logan"	400	DAL	AAL	26 27	105 08
1	Box Cut Flowers	15			19 26	2 89
2		415				
	Notify					

Instructions to Carrier

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS: ____ X ____ X ____ = ____ CU. IN.

DIMENSIONAL WEIGHT: OK

$ 111.21 RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY C. A. Gordon AGENT

IT IS MUTUALLY AGREED THAT THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENT GOOD ORDER (EXCEPT AS NOTED) FOR TRANSPORTATION AS SPECIFIED HEREIN, SUBJECT TO GOVERNING CLASSIFICATIONS AND TARIFFS IN EFFECT AS OF THE DATE HEREOF WHICH ARE FILED IN ACCORDANCE WITH LAW. SAID CLASSIFICATIONS AND TARIFFS, COPIES OF WHICH ARE AVAILABLE FOR INSPECTION BY THE PARTIES HERETO, ARE HEREBY INCORPORATED INTO AND MADE PART OF THIS CONTRACT.

RECEIVED BY AMERICAN AIRLINES, INC.
Agent (NAME OF AIR CARRIER)
SAN FRANCISCO, CAL. C. A. Gordon
At (SIGNATURE OF AGENT)
Date: May 20 19 52 Time: 15 A. M. / P. M.

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
Weight - Rate Charge	107 91	
Pick up Charge		
Delivery Charge		
Excess Value Transportation Charge		
Sub-Total	107 91	
Transportation Tax	3 24	
Charges Advanced		
CONSIGNOR'S C. O. D.	XXX	
C. O. D. Fee		
Insurance Charge		
TOTAL CHARGES	111 21	

☒ CASH ☐ CHARGE

1

CONSIGNOR'S RECEIPT—NOT AN INVOICE

AMERICAN AIRLINES, INC.

UNIFORM AIRBILL
NON-NEGOTIABLE

AA

012 - 1259417

TO (CONSIGNEE)

Roberts, Mercer, Hooper Martinez
1330 Pennsylvania Ave
Fort Worth, Texas

CONSIGNEE'S STREET ADDRESS

CITY

Dallas

ZONE

STATE

CONSIGNOR'S NO.

Bates + Evans Investment Dept.
621 Broadway
Sonoma, Calif

CONSIGNOR'S NO.

DELIVERED VALUE

NVD

DELIVERED AT (CITY)

DELIVERED BY (CARRIER'S AGENT)

CHARGES COLLECT

(X)

(X)

(X)

DESCRIPTION OF PIECES AND CONTENTS

1 Human Remains
"Perry L. Logan"
1 Box Cut Flowers

Notify

WEIGHT

Dlc 321 105-08

Mtc

Mtc Mtr

15

415

ADDITIONAL CHARGES

Pick up Charge

Delivery Charge

Special Handling Charge

Transportation Charge

Sub-Total

Transportation Tax

Charges Advanced

CONSIGNOR'S C. O. D. XXXX

C.O.D. Fee

Insurance Charge

TOTAL CHARGES

111 31

(X)

CASH

CHARGE

CONSIGNOR'S RECEIPT—NOT AN INVOICE

AMERICAN AIRLINES, INC.

(SIGNATURE OF AGENT)

May 20 1 to 19 '32

Date

Time

A.M.
P.M.

OK

111.31

1671 71

1671 71

394

1671 71

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

June 20, 1952

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAD
XC 14 303 908
LOGAN, Vernon L.

Bates & Evans, Funeral Directors
691 Broadway Street
Sonoma, California

Gentlemen:

This is to inform you that your claim for burial allowance filed in the case of the above-named veteran has been disallowed, inasmuch as your bill has been paid in full.

Under existing laws and regulations, the undertaker, if his bill is unpaid, has a preferential claim to the burial allowance; however, if the undertaker's bill is paid in full, the person who paid the funeral expenses has the next preferred claim. The statement of account issued by your firm shows that your bill has been paid in full, therefore, your claim for the burial allowance cannot be allowed.

If you have no further evidence to submit but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. If you wish to appeal, you should so inform this office and you will be furnished VA Form P-9 for that purpose.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, or H. If such file number is unknown, service or serial number should be given.

STATEMENT

EL VERANO, CALIF. June 4 1952

M Bates & Evans
Sonoma, Calif.
Re Kilpactric Plot.

IN ACCOUNT WITH

COGO--CONTRACTOR

Cement Work - Concrete Construction

BOX 446 TELEPHONE SONOMA 5788

6 PER CENT INTEREST CHARGED AFTER 30 DAYS

1 concrete box for $95.14
casket.

Thank You

Paid in full
6-12-52
H. Cogo

THE TRIBUNE PUBLISHING CO.
OAKLAND 4, CALIFORNIA

PHONE
TEMPLEBAR 2-6000

MAIN OFFICE
THIRTEENTH AND FRANKLIN
STREETS

Oakland Tribune
ASSOCIATED PRESS...WIREPHOTO...WIDE WORLD...UNITED PRESS...CHICAGO DAILY NEWS FOREIGN SERVICE

BATES AND EVANS
P O BOX 535
SONOMA CALIF

-2-

CLASSIFIED ADVERTISING DISCOUNTS are allowed on GROSS CHARGES of one calendar month, provided payment is made not later than the 20th of the following calendar month: Under $25.00 - Net. $25 to 49.99 - 10%, $50 to 74.99 - 15%, $75 to 99.99 - 20%, $100 and over - 25%, Churches - 10%, Fraternal and Funeral Advertising - Net.

FORM 73A

PLEASE PAY LAST AMOUNT IN BALANCE COLUMN

DATE	DESCRIPTION	TIMES	INCHES	WORDS	CHARGES	CREDITS	BALANCE
							11.00
N 852	GRAY	1			7.00		18.00 **
N 1252	CASH					11.00	7.00 **

ALL ACCOUNTS ARE DUE AND PAYABLE BY THE 20th OF THE FOLLOWING MONTH.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Richard V. O'Brien *Deceased*

PHONE SONOMA 2686 August 16, 1952 195

Casket & complete funeral service		$160.00
One grave, improved		65.00
Opening grave		25.00
Mass		15.00
Local funeral notice		3.61
One certified certificate		1.00
Sales tax		2.18
	Total	$271.79
Less cash discount		8.00
		$263.79

Form No. 1
(Funeral Director's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Richard V. O'Brien for ____ days; that said party died on the twelfth day of August, 19 52, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Richard V. O'Brien deceased, in order to determine and ascertain the cause of death.

Dated: August 12, 1952

Wayne M Craven MD
Physician and Surgeon.

CR 1-250 Sets-6-49

Form No. 1
(Physician's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Richard V. O'Brien for 1 days; that said party died on the twelfth day of August, 19 52, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Richard V. O'Brien deceased, in order to determine and ascertain the cause of death.

Dated: August 12, 1952

Wayne M Craven M.D.
Physician and Surgeon.

CR 1-250 Sets-6-49

Date Sept. 15, 1952

Name STRADLEY, Harly Ernest

File No. SN 6 025 508

X

(C, XC, K, N, etc.)

EARN / LEARN SER
IN WOMEN IN
ED SERVICES

This acknowledges receipt of

recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Title Marlin A. Kelly
Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

DENVER
SEP 15
7 PM
1952
COLO.

Regional Office
Denver Federal Center
Denver, Colorado

RETURN AFTER FIVE DAYS
OFFICIAL BUSINESS
16—62379-1

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

(DUPLICATE)

(5017) 5-34 (Printed in U.S.A.)

Dup copy

Date 8/29/52 19

RAILWAY EXPRESS AGENCY
INCORPORATED

at Crockett, Calif.

RECEIVED FROM Bates & Evans, (Sonoma, Cal.) the shipments, hereinafter listed, which the Company agrees to carry subject to the Classifications and Tariffs in effect on date hereof, and to the terms and conditions and agreements on the inside front cover of this book.

NOT NEGOTIABLE.

Number and Description of Pieces	Value Herein Declared by Shipper to be	CONSIGNED TO	DESTINATION
Remains Early E. Stradley	-------		San Diego, Cal.

Prepaid Receipt # 359158 8/29/52

Paid by check #4672

Prepaid $40.76

Tax 1.26

42.02 Paid

1st 42.02
Rem 20
21.02

When entering shipments forwarded C. O. D., always use two lines. Employee receipting for C. O. D. shipments must sign his name (not initials) directly following each C. O. D. entry.

L F Tigh
agt
For the Company

NUMBER PIECES

HOUR A. M. P. M.

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.
DEC 29 1952

YOUR FILE REFERENCE:

IN REPLY REFER TO: 8BABC
XC-905 442
STRADLEY, Early E.

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 212.02, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

CC: Cicely Shelton
P. O. Box 184
El Verano, Calif

R. J. Hinton

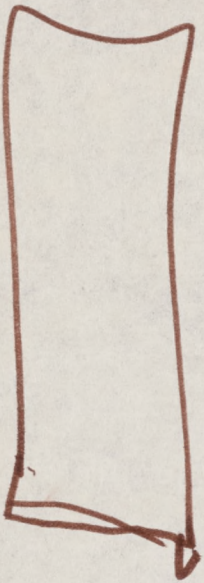
R. J. HINTON,
Director,
Dependents and Beneficiaries
Claims Service.

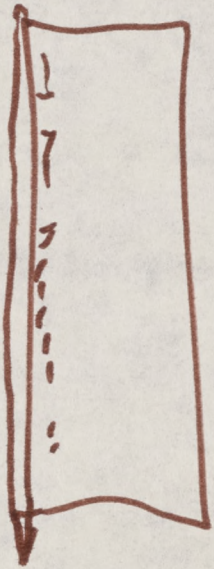
FL 8-21
Oct 1947
Replaces Forms 610 and 610a

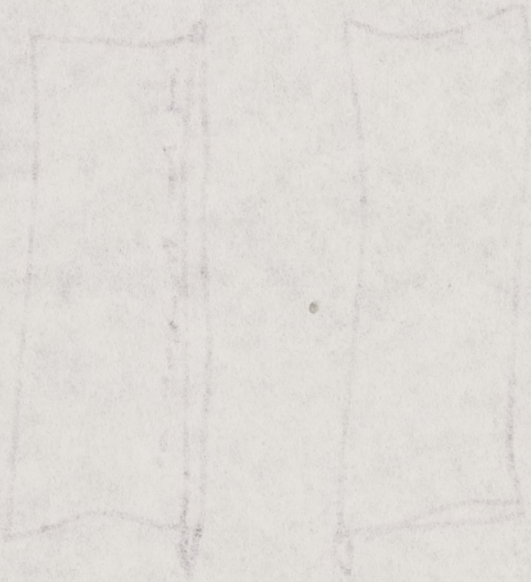
An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

U. S. GOVERNMENT PRINTING OFFICE 16—60028-1

1200
400
480,000







ALEXANDER J. McMAHON, Esq.
Attorney at Law
Barracks Building
Sonoma, California
Telephone 5584

Attorney for Estate

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of)
) NO: 21351
) DEPT: 2
ANNITA G. GARLOFF,)
)
deceased)

RECEIPT AND RELEASE OF CREDITOR'S CLAIM

Bates and Evans, one of the creditor's of the above-entitled estate, hereby acknowledges receipt of the sum of $338.28 in full satisfaction of it's Creditor's Claim heretofore filed in the above matter, and does hereby fully release and discharge the above Estate from any and all claims and demands growing out of said Creditor's Claim.

BATES AND EVANS

By: _____

ROLAND H. KRUGER
ALEXANDER J. McMAHON
ATTORNEYS AT LAW
BARRACKS BUILDING
SONOMA, CALIF.

ALEXANDER J. MCMAHON, Esq.
Attorney at Law
Bertsche Building
Escona, California
Telephone 5594

Attorney for Estate

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

REGISTERED NO. 332

CERTIFIED NO.

INSURED NO.

POSTMARK OF DELIVERING OFFICE

RETURN TO →

NAME OF SENDER
Bates & Evans

STREET AND NO. OR P.O. BOX
Funeral Directors

POST OFFICE
Sonoma

STATE
Calif

POD Form 3811
Apr. 1955

DELIVERING EMPLOYEE

☐ Deliver ONLY to addressee.

☐ Show address where delivered.

Received from the postmaster the registered, certified, or insured article, the number of which appears on the face of this return receipt.

1. Robert McFadden
(Signature or name of addressee)

2. _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of Delivery 9/12/55

☆ U. S. GOVERNMENT PRINTING OFFICE : 1955 16—71548-1

Wee Kirk o'the Heather

UNDERTAKING · CEMETERY · MAUSOLEUM · CREMATION

Forest Lawn Memorial-Park
Glendale 5, California

TELEPHONES:
LOS ANGELES, CLEVELAND 6-3131
GLENDALE, CITRUS 1-4151
CABLE ADDRESS: HUBERT-LOS ANGELES

October 21, 1952

Bates & Evans
Sonoma
California

Dear Sirs:

We are in receipt of a letter from Mrs. Mae Stark Wilkinson, Steilacoom, Washington, wherein she advises that the cremated remains of Arthur O. Stark will be forwarded to us for inurnment in Niche 10910 in our Great Mausoleum. She has asked that we forward the inurnment charges and details to your attention.

Since this niche memorial has been adapted for multiple inurnments, it is recommended that the purchase of the copper container be made through Forest Lawn as certain types of urns would not fit in the niche.

Enclosed is an application covering the final inurnment details, including the copper container, priced at $7.50, adding the death dates to the memorial tablet, at $15.00, plus California State Sales Tax of 79 cents. Total $23.29.

If you will sign this application in accordance with the instructions attached, and return to this office, together with your remittance of $23.29, we shall complete the inurnment when we receive the remains.

Enclosed is a stamped return envelope for your convenience.

Very truly yours,

R. A. Gormley

R. A. Gormley
Manager, Cremation Division

cc: Mrs. M. S. Wilkinson
Box 250
Steilacoom, Washington

DIRECTORS FOREST LAWN MEMORIAL-PARK ASS'N, INC.
JOHN F. HUBER, President
H. M. BURGWALD, Vice President
HAROLD MORRISON, Secy.-Treas.
FRED H. JONES, Director
C. L. PECK, Director

THE COUNCIL OF REGENTS OF MEMORIAL COURT OF HONOR
HUBERT EATON, Chairman
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H. M. BURGWALD
Dr. ARTHUR G. COONS
LEROY M. EDWARDS
Justice W. TURNEY FOX
Dr. EDGAR J. GOODSPEED
L. A. HAUSER
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Dr. ORRIS E. JACKSON
FRED H. JONES
M. M. KAUFFMAN
WILLARD W. KEITH
JOHN RANDLE MOORE
HAROLD MORRISON
C. L. PECK
HERMAN PSENNER

CONSULTING ARCHITECTS
J. WILSON PATERSON
Staff Officer His Majesty's Office of Works
Edinburgh, Scotland
Prof. ARMANDO VENE
Royal Supt. of Fine Arts
Florence, Italy

"Nothing in Los Angeles gives me a finer thrill than Forest Lawn"
Bruce Barton

FOREST LAWN MEMORIAL-PARK ASSOCIATION, INC., GLENDALE 5, CALIF.

APPLICATION AND AGREEMENT

Date Oct-29-1952

Gentlemen:

The undersigned, hereinafter referred to as "Purchaser," hereby makes application, subject to your approval, to purchase the following interment property, services and/or commodities; and upon acceptance hereby authorizes Forest Lawn Memorial-Park Association, Inc., to furnish the following:

MORTUARY (UNDERTAKING):

MORTUARY SERVICE, including casket, use of Demountable Casket Carriers, removal to mortuary (60 mile radius), securing of necessary permits, professional care and preparation, use of slumber room, newspaper notice, use of limousine for family, use of funeral coach, services of funeral director and assistants, organist and floral acknowledgment cards $

INTERMENT PROPERTY AND/OR INCIDENTALS:

Interment Space | Lawn Crypt | Garden Crypt | Lot or Block

Mausoleum Crypt | Niche

Section

Interment and Recording Charge Pre-Paid

Concrete Box ☐ Concrete Vault ☐ (Check one) -- --

Memorial Tablet Number Adding Last Numerals "1952" 15 00

Vase

Cremation

Urn Copper Container 7 50

IMPORTANT

It is agreed that the obligation of the seller to furnish any of the items listed is subject to its ability to procure same, and that the price of any of the items listed is subject to any further increase or decrease due to any law, tax, governmental action, order, or regulation.

ENDOWMENT CARE FUND DEPOSIT

FLOWERS:

ACCOMMODATION CASH ADVANCES:

SALES TAX: 79

TOTAL $ 23 29

PAYABLE AS FOLLOWS: Credit $ previously paid on

$ 23.29 Paid herewith, and the balance payable in installments, including interest, as follows $ on the day of 19 ;

and $ or more on the day of each month thereafter beginning 19 until the total amount above set forth with interest thereon is fully paid in cash. The unpaid balance shall bear interest at the rate of one-half of one percent per month. Each payment shall be credited first on interest then due, and the remainder on principal, and interest shall thereupon cease upon the principal so credited. Should any installment not be paid when due, then the whole sum of principal and interest shall become immediately due and payable, at the option of the seller. All payable at office of seller.

YOU ARE HEREBY AUTHORIZED TO HAVE DEEDS ISSUED TO: (To be filled in when Interment Property is included above)

Name FOR

Address

Name FOR

Address

This application and all commodities and materials furnished and services to be performed are subject to the terms and conditions on the reverse side hereof, and to rules, regulations, conditions and restrictions now existing and/or hereafter adopted governing the mortuary, said Memorial-Park and/or the section or mausoleum-columbarium corridor in which said property is located. Purchaser hereby certifies that he and the persons named in the above deed authorization are of the white and/or Caucasian race and that neither he nor any such person will inter or attempt to inter in said property the body of any human being other than of the white and/or Caucasian race.

Purchaser's Signature Ernest V. Evans

Accepted: FOREST LAWN MEMORIAL-PARK ASSOCIATION, INC.

Witness Clarence A Gordon

By Frank Stovall

Seller

TERMS AND CONDITIONS

The application and agreement on the reverse side hereof is made and accepted subject to the following expressed terms and conditions:

All caskets included in any mortuary service sold under this contract are equipped with removable handles known as "Deluxe Demountable Casket Carriers" unless the contrary is shown on the face of the contract. The use of these casket carriers is an additional service furnished by Forest Lawn which enhances the appearance of the funeral service and means a saving to the purchaser. All casket carriers or handles, demountable or otherwise, and all lugs and screws used to fasten same to the casket remain at all times the property of the seller and may be removed prior to interment.

It is agreed that the obligation of the seller to furnish any of the items listed on the front hereof is subject to its ability to procure same, and that the price of any of the items listed is subject to any further increase or decrease due to any law, tax, governmental action, order, or regulation.

No right in or to said property shall pass to purchaser until it is fully paid for and conveyance made as herein provided. The amount of the deposit to be made by purchaser in the Endowment Care Fund for Forest Lawn Memorial-Park for the interment property purchased is shown on the face of this contract. The amount of this deposit is fixed from time to time by the Board of Trustees of Forest Lawn Cemetery Association, as provided in Section 8728 of the Health and Safety Code of California. Seller has no interest in such deposit and agrees to transmit the same to Forest Lawn Cemetery Association as soon as it is paid by purchaser. No right in or to said property shall pass to purchaser until the purchase price, together with the deposit in the Endowment Care Fund, is fully paid and conveyance made as herein provided. Upon receiving the purchase price with interest on all deferred payments, together with the deposit in the Endowment Care Fund, seller agrees to cause to be executed and delivered to purchaser a good and sufficient certificate of ownership or deed conveying the interment rights in said cemetery property, and a certificate setting forth the amount of purchaser's deposit in the Endowment Care Fund. In consideration of the performance by the seller of the services herein referred to and/or the sale by the seller of the properties and/or commodities herein referred to, the purchaser hereby consents and agrees to the carrying on of such businesses and activities and the sale of such commodities and the sale and performance of such services as are now carried on, sold or performed within Forest Lawn Memorial-Park or that may be hereafter carried on, sold or performed therein with the consent of Forest Lawn Cemetery Association, the seller, or the fee owner of any part of Forest Lawn Memorial-Park. This contract is, and the rights to the property covered hereby are and shall be conveyed to and accepted by the purchaser, subject to all the rules and regulations now existing, and/or as the same may hereafter be amended, changed or new rules adopted governing said Forest Lawn Memorial-Park, the Mausoleum-Columbarium, the cemetery section or mausoleum-columbarium corridor in which said property is located, the Care Funds, the Crematory, the Mortuary, and/or any and all businesses conducted in said Forest Lawn Memorial-Park; such rules and regulations being on file and subject to examination in the office of the seller at Forest Lawn Memorial-Park. The seller shall not be liable for any injury or damage to or destruction of the property sold or any part thereof. It is agreed that the seller, its licensees and permittees, shall have the right at any time to make, publish, display, sell or otherwise use or dispose of any copies, replicas, photographs, models, casts, tracings, prints, likenesses, or other reproductions or representations in any form, material, or size, of any property in Forest Lawn Memorial-Park, including all or any portion of the property herein described or any embellishments thereof or additions thereto, and, if deemed desirable, to accompany the same with explanatory statements.

Said cemetery property does not possess a monumental privilege, but a memorial tablet conforming to the Association's regulations and made of bronze, or as otherwise provided by the rules and regulations of the Association may be placed on any interment space covered by this Contract. Memorial tablets specially designed by the seller are sold for placement in Forest Lawn exclusively and may not be removed.

Time is and shall be of the essence of this Contract and of each provision thereof. If the purchaser shall fail to pay any one or more installments of principal and/or interest when due, then the whole sum of principal and interest shall become immediately due and payable at the option of the seller, and in addition to other remedies, the seller may, upon ten days' written notice, either delivered to purchaser personally or deposited in the United States Post Office addressed to the purchaser at his address as shown on the books of the seller, declare this agreement cancelled and all rights of purchaser in and to the property described herein forfeited and cancelled. The seller shall, upon such cancellation, be released from all obligations both at law and in equity to convey or cause to be conveyed any rights in the property hereinabove described or any part thereof to purchaser, or to repay to said purchaser any of the money theretofore paid hereunder. The acceptance of overdue payments and/or the waiving of any term, or condition, of this contract by the seller shall not constitute a waiver of any subsequent payment or the breach of any term, condition or provision hereof. In the event of the employment of an attorney by the seller on account of any violation of the conditions of this contract by the purchaser, a reasonable attorney's fee shall be payable by the purchaser.

If credit is allowed in this contract for half or full lot purchase, any cancellation or reduction in the number of spaces will reduce the credit to the amount which would have been allowed, if any, for the number of spaces actually paid for by purchaser.

No interment shall be made in the cemetery property herein described nor any memorial placed thereon until the purchase price and interest is fully paid, except upon written permission of seller first had in each and every case. Any interment made or which may be made in said premises before full payment of the purchase price and interest shall be only temporary, and no rights shall, by reason of said interment or interments, be acquired by purchaser. The seller may, and is hereby irrevocably authorized, empowered, and granted the right, immediately upon declaration of cancellation for non-payment as above provided, or at any time thereafter, upon ten days' notice deposited in the regular United States mail addressed to purchaser at his last known address as shown upon the books of the Association, to remove each of the remains then interred in the property described herein to a single interment space or niche in said Memorial-Park to be chosen by the seller, or at its option to cremate said remains; and the purchaser for himself or herself, his or her heirs, executors, administrators, and assigns, hereby expressly consents to the conditions of this paragraph including such removal or cremation, agrees to pay all expenses thereof, and hereby irrevocably authorizes seller to obtain and sign on behalf of purchaser and as his agent any and all applications or permits required for such removal or cremation; purchaser hereby ratifying and confirming whatever the seller as his agent may do with respect thereto. The authority hereby granted shall be deemed a right coupled with an interest and irrevocable until the purchase price of said property and interest is paid.

It is understood and agreed if the application on the reverse side hereof includes mortuary services and/or other services or commodities in addition to interment property, any and all payments made by the purchaser to seller shall be credited first on said mortuary services and/or other services or commodities.

It is expressly understood that acceptance of this agreement shall not preclude the seller from filing a claim against the estate of said deceased and such claim shall be an additional and cumulative remedy, the filing of which shall not release the purchaser nor prevent the taking of any legal procedure necessary to effect the collection of this obligation.

The purchaser expressly agrees that this agreement shall constitute a preferred claim against the estate of said purchaser for any and all amounts which shall be unpaid hereunder at the time of his or her death; and that any and all unpaid installments hereunder, with all accrued interest, shall upon the death of said purchaser, or any of them, become immediately due and payable.

The Association reserves and shall have the right to remove and destroy any and all handles and other metal or glass parts or adornments in or on caskets used for cremation services. The Association shall not be responsible for and shall have the right to destroy or otherwise dispose of any personal effects, clothing or other articles left in its care or received with the remains of a deceased person which are not called for within 60 days after the mortuary service.

No assignment, either voluntary or involutary, may be made of this contract, without the consent of the seller in writing first had and obtained. In the event of either voluntary or involuntary bankruptcy proceedings by or on the part of the purchaser, seller at its sole option shall have the privilege of returning to purchaser hereunder, all moneys previously paid by purchaser and cancelling the contract in the manner hereinabove provided, or seller shall have the privilege of applying the money previously paid by purchaser as a credit to the purchase of any property then offered for sale and at the price at which property is being sold and seller shall thereupon be released from all obligations either in law or in equity and from the terms of this contract.

The seller expressly reserves the right at any time it finds itself unable to fulfill this agreement or perform any service or make any interment because of strikes, invasion, insurrection, riot, war, order of any military or civil authority, order of court, or because of any other unforeseen contingency, or misrepresentation or fraud in the procuring of same, or because of any mistake or error in description, location, or availability of property, or because the person for whom the service, commodity, or property is procured is not of the white and/or Caucasian race or does not otherwise qualify under the above rules and regulations, to return to the purchaser all moneys that may have been paid hereunder for the items affected by such and this contract shall as to such affected items thereupon become null and void without further obligation or liability on the part of the seller.

If, within sixty days from the date hereof, the purchaser has discharged all the obligations of this contract, including total payment of all of the purchase price, no charge will be made for interest.

Seller will positively not resell or attempt to resell for the purchaser any or all of said property hereinabove described.

It is expressly agreed that this Application and Agreement and the rules, regulations, conditions, and restrictions above referred to, governing said Forest Lawn Memorial-Park contain and embody all terms and conditions to be performed by the parties hereto and that any promise, representation or agreement not embodied herein or in said rules and regulations is expressly waived, unless reduced to writing and signed by an officer of seller and attached to this agreement.

The terms and conditions hereof shall extend to and be binding upon the heirs, executors, administrators, successors and assigns of the respective parties hereto. The obligations and liabilities of purchasers hereunder are joint and several.

Box 250
Steilacoom, Washington
October 27, 1952

Mr. Ernest Evans
Bates & Evans
Sonoma, California

Dear Mr. Evans:

In accordance with copy of letter received today from Forest Lawn Memorial Park, I am sending you a check in the amount of $23.29 which covers:

Final inurnment and copper container . .	$ 7.50
Adding death date to tablet.	15.00
California sales tax	.79
	$ 23.29

Should there be any other charge please let me know.

Thank you again for your very kind help.

Gratefully yours,

Mae S. Wilkinson

check
encl.

CABLE ADDRESS—BAMERICAL

13044

Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION

OAKLAND MAIN OFFICE

Trust Department

OAKLAND 4, CALIFORNIA

November 18, 1952

Bates & Evans,
Sonoma,
California.

Subject: Trust No. OEO-51534 - Dowdall Estate.

Gentlemen:

Mr. Edward J. Dowdall recently passed away and this Bank, having been nominated in his Will, is preparing to file its Petition for the admission of the Will to probate.

Your bill for funeral services submitted to Mrs. Cecelia McKinnon should be presented to us in duly verified Creditor's Claim form. A blank form is enclosed for your use. We would appreciate it very much if you would itemize your services on the face of the claim form, sign it on the reverse side on the line provided for your signature, have your signature acknowledged, and thereupon return it to us for payment during the administration of Mr. Dowdall's estate.

Please forward the completed claim directly to the Trust Department of the Oakland Main Office of this Bank.

Very truly yours,

A. J. Black,
Trust Officer.

AJB:bv
Encls.

11-19-52 mailed Claim as requested -

Veterans Administration
DENVER FEDERAL CENTER
DENVER, COLORADO

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

DENVER 8 PM
AUG 1
1952
COLO.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

VETERANS ADMINISTRATION

NOTIFICATION OF TRANSFER OF RECORDS

Records pertaining to the veteran indicated are being forwarded to the office shown at the right. Future correspondence regarding any application for benefits, made by or for this veteran, should be addressed to **that** office and **must** include the full name of the veteran and the identifying number shown.

Ic- 15 368 860

NAME

CONNOLLY, Howard E.

DATE RECORDS TRANSFERRED

DEC 3 1952

RECORDS FORWARDED TO VETERANS ADMINISTRATION

District Office,
Philadelphia, Pennsylvania

Detach and retain this card for future reference

FL 3-7
July 1947
Replaces Form 3-3164 series which may NOT be used in R. O.

16—47711-4 GPO

Date 11 21 52

Name CONNOLLY, Howard E.

File No. XC 15 368 860
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benffits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

DENVER COLO. NOV 2 3 30 PM

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

HIRE THE HANDICAP
IT'S GOOD BUSINESS

Bates & Evans Funeral Directors
691 Broadway
Sonoma, Calif.

Bates-& Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Howard E. Connolly *Deceased*

PHONE SONOMA 2686 Nov.6,1952 195

Funeral complete including the following;

Casket
Removal
Embalming
Clothing
Chapel service
Mass
Hearse to Golden Gate Cemetery
Sales Tax $150.00

Nov.6,1952, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, that same had been rendered, and that no payment has been made at this date.

Signed.....Sister

Relative Anna Olsen
Enlisted

Office of Coroner and Public Administrator

Court House

No 674

Santa Rosa, Calif., 11-3 1952

Received of Deputy Coroner Ernie Evans

Only $0.14 Dollars

Cash found on Howard E Connolly, died

In the Matter of the Estate of

Deposit on Bid for Real Property $

Deposit on Bid for Personal Property $

$

VERNON SILVERSHIELD,
CORONER AND PUBLIC ADMINISTRATOR

By H B

Howard E - Connolly

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of _____ *Deceased*

PHONE SONOMA 2686 _____ 195

Relative Anna Olsen

Enlisted

Aug 27, 1918 Wahpeton N.D.

Jan 30, 1919

Camp Lewis

4704325

75th Infantry

Company L

Nov 8, 1896

Howard E. Connolly

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of _____ *Deceased*

PHONE SONOMA 2686 _____ 195

VETERANS ADMINISTRATION
District Office
Post Office Box 8079
Philadelphia 1, Pa.

DEC 15 1952

YOUR FILE REFERENCE:

IN REPLY REFER TO:
2003-8AE
XC 15 368 860
CONNOLLY, Howard E.

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $150.00, and payment will soon be made to your firm.

IMPORTANT NOTICE--WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours.

Neil J. Cronin

NEIL J. CRONIN
Acting Director
Claims Service

FL 8-21
Oct. 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given. GPO 83-23875

HOUSEHOLDER

811 1st St N

Sec. 34.66 P.L. & R.
U.S. POSTAGE
1½c Paid
SONOMA, CALIFORNIA
Permit No. 28

LOCAL

SEBASTIANI Theatre

SONOMA, CALIF. PHONE 2988

BOX OFFICE OPENS 6:45 pm
SAT. & SUN.....1:45 pm

CHILDREN (UNDER 12).20¢ inc.tax
JUNIORS (12 to 16)..50¢ inc.tax
GENERAL.....65¢ inc.tax

SUN	MON	TUES	WED	THUR	FRI	SAT
NOV. 9	10	11	12	13	14	15
			NO Show			
NOV. 16	17	18	19	20	21	22
			NO Show			
NOV. 23	24	25	26	27	28	29
			NO Show			
NOV. 30	DEC. 1	2	3	4	5	6
			NO Show			
DEC. 7	8	9	10	11	12	13
			NO Show	India's MAMMOTH ADVENTURE STORY! 		

PROGRAM SUBJECT TO CHANGE

PROGRAM PRINTING CO. S.F. 61

$15.00 cash in wallet 11-4-52
5.00 Hand check 5:45 P.M.

77

Change
Safe deposit key
3 misc old coins

1 Gold color watch - Elgin

Checked by James F. Baker
Chief of Police
Sonoma

A. A. Gordon
Dep. Coroner

Form No. 1
(Funeral Director's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated George Turnbull from June 30 1952 to Oct 9 1952 for 5 times days; that said party died on the 2nd day of November, 19 52, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said George Turnbull deceased, in order to determine and ascertain the cause of death.

Dated: Nov 4 1952

Carroll B Andrews MD
Physician and Surgeon.

Carroll B Andrews M D

CR 1-250 Sets-6-49

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon George Turnbull

Dated: November 2, 1952

Vernon Silverschild

Coroner.

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Dec. 8, 1952

Received from the above named firm, the following articles, belonging to George Turnbull, deceased.

$15.00 cash
5.00 check.
Change .77¢

3 Misc. old coins
one watch
Wallet, bank book, keys, Misc. papers

Signed, J. H. Crowley

Representive of American Trust Co.

8-49-20M

S-66

SOUTHERN PACIFIC COMPANY

"YOUR FRIENDLY RAILROAD"

MISCELLANEOUS RECEIPT

No.

CROCKETT Station 11/16/52 19

Received From JEWELL R EVANS

ONE HUNDRED FORTY SIX ---------- 61/100 Dollars

And 100

For TRANSPORTATION REMAINS WILLIA EDGAR MCCARROLL

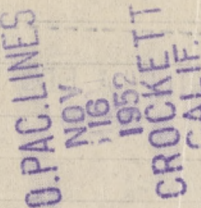
Agent M L ARNOLD

$

By M Ferguson

Cashier or Collector

T.C


SO.PAC.LINES
NOV
16
1952
CROCKETT
CALIF.

NON - NEGOTIABLE

OFFICES LOCATED IN PRINCIPAL CITIES

AIRBILL REQUEST & SHIPPING ORDER

The Flying Tiger Line Inc.

793903 R

Consignor: BATES & EVANS FUNERAL HOME
Address: Box 535
City: SONOMA, Zone: , State: CALIF.

Consignee: ABELE FUNERAL HOME
Address: 1910 CHERRY ST.
City: TOLEDO, Zone: , State: OHIO

No. Pcs.	DESCRIPTION	WEIGHT
1	Bx - HUMAN REMAINS OF ALVIN FRANKLIN RANKIN	449

Route

CONSIGNOR'S C. O. D. $

ALL-RISK INSURANCE REQUESTED ☐

PICK-UP REQUESTED ☐

DELIVERY REQUESTED ☐

PREPAID (Consignor will pay) ☒

COLLECT (Consignee will pay) ☐

CHARGES ADVANCED $

DECLARED VALUE $ 1000.00

X Bates Evans & A. Home
Consignor's Signature

REMARKS

TRUCKER'S RECEIPT. Above described cargo received in good order for transportation to airport.
Exception:—

Company

Driver's Signature

Received by **THE FLYING TIGER LINE INC.** Subject to the terms and conditions of the Carrier's currently effective tariff on file with the U. S. Civil Aeronautics Board as of the date hereof.

AT FTL - SFO

BY Bowring

Exception:—

Date 12-8-52 Time 1320

Airbill No. 109456

Form No. 1011

 # 3 - SHIPPER'S COPY

AIRFILL REQUEST & SHIPPING ORDER

793503 R

NON-NEGOTIABLE

THIS IS YOUR
AIRBILL
PLEASE REMIT TO

Offices Located in Principal Cities

AIR FREIGHT — **The Flying Tiger Line Inc.** — WORLD WIDE

Lockheed Air Terminal • Burbank, Calif.

CONSIGNOR	BATES & EVANS FUNERAL HOME	CONSIGNEE	ABELE FUNERAL HOME
ADDRESS	P.O. BOX 535	ADDRESS	1910 CHERRY ST.
CITY	SONOMA, CALIF.	CITY	TOLEDO, OHIO

NUMBER OF PIECES	DESCRIPTION	COM. CODE	WEIGHT	RATE	CHARGES
1	EX HUMAN REMAINS REMAINS OF ALVIN FRANKLIN RAN KIN		449	28.65	128.64
		TOTAL		X	

DECLARED VALUE	CHARGE	CASH	INSURANCE	PICK-UP	DELIVERY	PREPAID	COLLECT
$ 1000		EX				XXX	

ORIG.	DEST.	FINAL DESTINATION	ROUTE
SFO	TOL	TOLEDO	FTL

REMARKS:

Pd. check #133,32 Bowring

PICK-UP	
DELIVERY	
EXCESS VALUATION	.80
CHARGES ADVANCED	
FORWARDING CHARGES	
SUB TOTAL	129.44
TRANSPORTATION TAX	3.88
INSURANCE CHARGE	
CONSIGNOR'S C.O.D.	
TOTAL CHARGES	133.32

AIRBILL REQ. NO. OR SHIPPER'S NUMBER	AIRBILL NUMBER	DATE RECEIVED	TIME
793903	109456	12/8/52	1320

THE FLYING TIGER LINE, INC.

BY E D BOWRING

CONDITIONS

THIS SHIPMENT IS SUBJECT TO THE TERMS AND CONDITIONS OF THE CARRIER'S CURRENTLY EFFECTIVE TARIFFS ON FILE WITH THE U. S. CIVIL AERONAUTICS BOARD AS OF THE DATE HEREOF.

INVOICE COPY

FORM #1012 REV. 3-52

Jan 7, 1953

Bates & Evans

This will authorize you to deliver the personal effects of Sherman G Blood to Harold R Stewart

Ethel L Blood

Date January 28, 1953

Name MORRIS, Everett E.

File No. XC 8 218 002
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benifits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly MR

Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

DENVER JAN 28 7 PM 1953 COL

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300 (GPO)

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Everett E. Morris *Deceased*

PHONE SONOMA 2686 Jan.14,1953 195

Funeral complete including the following;

Casket

Removal

Embalming

Chapel service

Hearse to Golden Gate National cemetery

Shirt

Flowers

Minister

Music

Funeral Notices

Sales tax $376.28

Jan.14,1953 paid on account 40.00

Balance $336.28

Jan.14,1953,I hereby state that the above statement is correct, that said services were ordered by me, that same has been rendered, and th

Signed.....Wife

Mrs. Erma Morris

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

February 5, 1953

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAD
XC 8 218 002
MORRIS, Everett E.

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claim Division, Claims Service

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-OAKLAND, CALIF 2461

GPO-S.F.-F.S.O.

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon Ivory Blodgett

Dated: February 6, 1953

Vernon Beerschield

Coroner.

Form No. 1
(Funeral Director's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Ivory Blodgett for 13 days; that said party died on the 6 day of Feb, 1953, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Ivory Blodgett deceased, in order to determine and ascertain the cause of death.

Dated: 2-6-53

B. Kummen MD
Physician and Surgeon.

CR 1-250 Sets-6-49

ORDER AND TERMS

SONOMA, CALIFORNIA Feb. 21, 1953

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Clyde Twyman and supply the funeral furnishings, casket and professional services in the sum of $491.68, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $491.68, as follows: on th 10th. of each $none herewith and the sum of $30.00 each month hereafter, until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Cliff Twyman Address 662 - Broadway. Sonoma

Signature Address

Witness Witness

MEMORANDUM OF SALE

In Account With

M.....

Date of Sale.....Total Obligation $.....

Date	Amt. Paid	Received by	Balance Due

$ 371.68 May 4, 1954, 19

after date, for value received I. Clifford Twyman promise to pay to the order of Bates & Evans Funeral Directors, at Sonoma, California, the sum of Three Hundred seventy one and 68/100ths. ($371.68) Dollars, with interest thereon from date until paid; at the rate of no interest per cent per annum, principal and interest alike payable in lawful money of the United States. Interest is payable Full, the first payment to be made on within 6mos, or when check is received from Social Secutity, and if said interest is not paid as it becomes due, interest on overdue interest shall thereafter be paid at the same times and rate. And in case said interest, or any part thereof, is not paid within ten days after the same becomes due, the whole of said principal sum shall forthwith become due and payable at the election of the holder of this note, of which election, notice is hereby waived. And in case suit is filed for collection of the same, I, or we promise to pay a reasonable attorney's fee.

C. Twyman

LAW OFFICE OF A. R. GRINSTEAD, SONOMA, CAL.--PROMISSORY NOTE.

PAYMENTS MADE ON WITHIN NOTE

DATE	INTEREST DUE	PAID TO	PAYMENT ON PRINCIPAL	BALANCE	

Date March 11, 1953

Name BROWN, Samuel L.

File No. XC 4 380 151
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

DENVER
MAR 12
6 PM
2 1953
COLO.

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Lakeport, Calif.
Aug. 12, 1953

Dear Sir,

I am sending $5.00 on the funeral expenes of my fathers funeral. Will send more next pay day. Thank you for being so nice about it. And I am aful sorry I hadn't got to pay sooner then this Yours Surely

Frank A. Brown

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Samuel L. Brown *Deceased*

PHONE SONOMA 2686 March 25, 1953

Casket, and personal services, including
Burial Box, Sales Tax, and delivery to
Golden Gate National Cemetery San Mateo Co.
$150.00

The above funeral account has been filed
with the United States Government, and it is
expected that they will pay the above amount.
No member of this family has assumed any
responsibility for the payment of this acc't.

Signed, Bates & Evans, Funeral Directors
By, Secretary

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Samuel L. Brown *Deceased*

PHONE SONOMA 2686 Feb. 27, 1953 195

Complete funeral including the following

Casket

Removal

Embalming

Burial box

delivery to Golden Gate National Cemetery

Sales Tax $150.00

Feb. 27, 1953, I hereby state that the above statement is correct, that said services and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.....Widow
Mrs. Anna Ruth Brown

Suit. 10.50
underwear

Anna Ruth Brown
622 Wilbarn
Vallejo, Calif
Tel 2-5551
Mrs Harry Redmond

Lakeport, Calif.
July 15, 1953

Dear Mr. Evans,

Recieved your statment for expenses on my fathers funeral, and am offully sorry that I haven't been in to pay it. But I got hurt sence that time; and was off work a couple of weeks, and also have been transfered two time. I will try to come to Sonoma, and come in and pay you some Either the 25th of this month or 10th of Aug. Thank you for being so nice about the bill

Yours Truely
Frank A. Brown
Bonnie Brae Trailer Court
Lake Port, California

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

March 23, 1953

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAE

XC- 4 380 151
BROWN, Samuel L.

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE -- WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-MWFD-ST. LOUIS, MO. M-7740

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Less Josie's 185.00 on statement 455.29
270 29
11 Casket 21.50
Pd. 3-14-53 24 8.79

Mr. _____

_____

Funeral of Cirtis Edward Palmore *Deceased*

PHONE SONOMA 2686

Feb. 26, 1953 195

Complete funeral including the following;
Casket
Embalming
Minister
Music
Funeral notices

Sales tax	$400.29
Removal from Veteran's Home, Calif.	15.00
Hearse to Golden Gate National Cem.	20.00
Limousine to Golden Gate National Cem.	20.00
Total	$455.29

Feb. 26, 1953, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.....Widow
Mrs. Hazel Palmore

VETERANS ADMINISTRATION
DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

MAR 17 1953

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAD

XC- 2 086 321
PALMORE, Cirtis Edwin

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE -- WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY

Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-MWFD-ST. LOUIS, MO. M-7740

No 244 Mar. 5 1953

Received of J. V. Northmore

Two 100 Dollars

2c/c Joseph J. Northmore

4955-144

$ 2.00 D Campbell

Gibsons

Sonoma County Health Department

ORDER AND TERMS

SONOMA, CALIFORNIA March 18, 1953

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Clyde E. Perry and supply the funeral furnishings, casket and professional services in the sum of $ 374.66, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $ 374.66, as follows:

$ 120.00 herewith and the sum of $ each hereafter, until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Clarence C. Perry Address PO Box 241 El Verano

Signature Arthur L. Perry Address 673 Lisbon S.F. Calif.

~~Witness~~ W. R. Prater Witness 120 Fremont St. SF.

MEMORANDUM OF SALE

In Account With

M.....

Date of Sale.....Total Obligation $.....

Date	Amt. Paid		Received by	Balance Due	

March 13 1953 NO. 07329

RECEIVED FROM Bates & Evans

two rings, Diamond stones - Wedding DOLLARS

ring small stones, and one pr ear rings

Diamond stones - belonging to Marie Tittsworth (deceased)

HOW PAID | BALANCE DUE

Mrs. E. J. Hamilton

SUNSET-McKEE CO. OAKLAND LOS ANGELES FORM NO. 55

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

March 11, 1953

I hereby give my permission to Dr. C.B. Andrews, to examine the heart of my wife, Marie Tittsworth.

C.L. Tittsworth

Signed.....Husband

May 20,1954
9180 N Fowler Ave.
Clovis,Calif.

Dear Ernie:

Have just recieved word that my sister's place in El Verano has been sold.It has been my understanding, that the money from the sale ofthat place would be prorated among the various creditors.Would you be so kind as to inform me if you have recieved anything on your bill from that?The object of all this is,so that I can arrange to get you paid.

Elsie and the girls are all fine.The girls are growing like weeds,and are just the best thing that ever happened to us.Don't knowwhat we'd ever do without them now.

We went to Covina and saw the three older kids last weekend.They are all doing real good and like it there just fine.They will be coming up to spend Summer vacation with us before long.

Just got a letter from Mother Newell,that she, Spence and Don will be down next week.Will sure be glad to see them.And would certainly like to see you folks also.

As ever

Pat.

L 81
R-191

Form No. 1
(Funeral Director's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated JASMINE FARMER for 50 days; that said party died on the 16 TH day of MARCH, 1953, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said JASMINE FARMER deceased, in order to determine and ascertain the cause of death.

Dated: 16 MAR 1953

LEWIS L FARMER M.D.

Physician and Surgeon.

CR 1-250 Sets-6-49

Napa Calif
11-17-53

Dear Mr Evans
find inclosed Check
for 25.00 to apply on
Frank M. Hickey's
acct Will set the
rest of the Bids soon
and take Care of the
rest of it. Thanks

Yours Truly
Luther M Hickey

PS Pliase send me
a recpt

Thanks

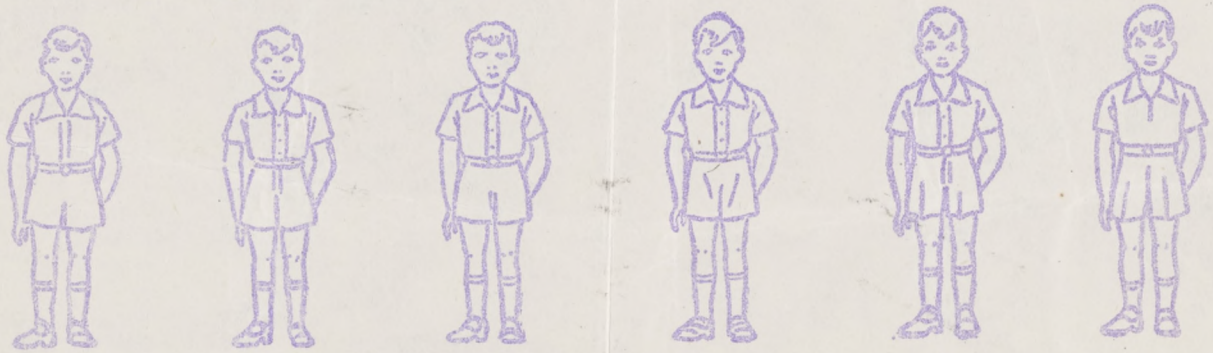
310
+175
11.58
496 50

531.50
496 50
34.00
35.

2

Lesson 26.

How many boys are here? 6 boys.



Put your hand over 3 of the boys.

How many boys are left? 3 3 boys.

3 boys from 6 boys are 3 boys. Write the answer.

3 from 6 is 3.

Six minus three is 2.

$$\begin{array}{r} 6 \\ -\,3 \\ \hline 3 \end{array}$$

Write the answers.

1. 3 boats from 6 boats are 3 boats.
2. 4 houses from 8 houses are 4 houses.
3. 1 egg from 3 eggs are 2 eggs.
4. 2 knives from 3 knives is 1.
5. 1 hen from 5 hens are 4 hens.
6. 4 books from 5 books is 2 book.
7. 2 from 5 is 3.
8. 1 from 2 is 1.

Name Bonnie Date _____ Grade 2

Send Bill
Hickey

Mrs Henry Dipson
P.O Box 4
Sonoma
6-9-54 statement

Earl Hickey
311 Davis St
Santa Rosa
6-9-54 statement

Date May 11, 1953

Name OBERG, John E.

File No. _____
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

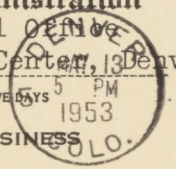
DENVER
8 6 30PM
1953
COLO.

Bates & Evans Funeral Directors;
691 Broadway,
Sonoma, California

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

VETERANS ADMINISTRATION

NOTIFICATION OF TRANSFER OF RECORDS

X

Records pertaining to the veteran indicated are being forwarded to the office shown at the right. Future correspondence regarding any application for benefits, made by or for this veteran, should be addressed to **that** office and **must** include the full name of the veteran and the identifying number shown.

C- Unknown

NAME

OBERG, John E.

DATE RECORDS TRANSFERRED

MAY 12 1953

RECORDS FORWARDED TO VETERANS ADMINISTRATION

Central Office,
Washington 25, D.C.

Detach and retain this card for future reference

FL 3-7
July 1947
Replaces Form 3-3164 series which may NOT be used in R. O.

16—47711-4 GPO

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of John E. Oberg *Deceased*

PHONE SONOMA 2686

April 28, 1953

Complete funeral services, including the following;

Casket
Removal

Embalming

Conducting funeral, & personal services

Flowers

Music

Funeral notices

Delivery to Golden Gate National Cemetery

$519.46

April 28,1953, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed, Executor
Estate of John E. Oberg(deceased)

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

YOUR FILE REFERENCE:

JUN 1 1953

IN REPLY REFER TO: 8BAAD
XC 2 343 150
OBERG, John E.

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of $ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

R. J. Hinton

R. J. HINTON,
Director,
Dependents and Beneficiaries
Claims Service.

cc: Mr. Karl A. Herdin
793 - 1st Street, West
Sonoma, California

FL 8-21
Oct 1947
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

U. S. GOVERNMENT PRINTING OFFICE 16—60028-1

TELEPHONE 2686

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

Effects of Vincent Frick

$136.50, cash
Ladies watch
Safe deposit box key — Ray Grinstead took
2 bank books
purse
Mans watch
pocket knife
keys — Bank, American Trust Co.

Received of the above named firm, the above personal effects of Vincent Frick, deceased.
I have received Keys, from Ray Grinstead, and Also Local Bank (Mr Williams)

Signed..... O W Leeper .....
Representive of The American Trust Co.

ALEXANDER J. McMAHON, Esq.
Attorney at Law
Barracks Building
52 E. Spain Street
Sonoma, California
Telephone 4711

Attorney for Estate

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of MILDRED C. POLIDORI, also known as MILDRED POLIDORI, Deceased.	NO: 21935 DEPT: 2 RECEIPT AND RELEASE OF CREDITOR'S CLAIM

BATES and EVANS, Funeral Directors, one of the creditor's of the above-entitled estate, hereby acknowledges receipt of the sum of $555.50 in full satisfaction of it's Creditor's Claim against the estate of the above named deceased, and does hereby fully release and discharge the above Estate from any and all claims and demands growing out of said Creditor's Claim.

BATES and EVANS

By Jewell K Evans
Secretary

ROLAND H. KRUGER
ALEXANDER J. McMAHON
ATTORNEYS AT LAW
BARRACKS BUILDING
52 E. SPAIN ST.
SONOMA, CALIF.

Pope I found the information for Dr Northrup - Page 255

Relatives and Friends

~~Ethel Pate 8-17-97~~

Pope - Whenever you can Dr M.G Northrup D.V.M would like to have this information about his sister Hannah Krutzhal. Her maiden name was Northrup. He remembers what a beautiful service was held here and he thanks us for it.

See if the date she died was in the year 1951 or 1952.

Also she was creamted and he thinks in S.F.M.P. He would be very grateful to have whatever information you can give him. His address Dr M.G Northrup D.V.M - 1317 Fulton St SF 94117

Phone # 415-931-8312

Relatives and Friends

Wm. F. Palmer

THE CHAMPION COMPANY, SPRINGFIELD, OHIO

HOME ADDRESS
1730 "O" St., Apt. "E"
SACRAMENTO, CALIF.

5-8
37.75
115-75

PACIFIC COAST BRANCH
610 16th St.
OAKLAND 12, CALIF.
Tel. Highgate 4-3870

Juanita Penly,
Idleyld Rt.
Box 137,
Roseburg, Oregon
Calif

10-11-53 statement
3-30-54 " "

September 9, 1953
2250-42nd Ave,
S. F.

Dear Mr. Evans,

Please excuse the delay in mailing this check to you, but in the rush of moving part of my belongings down there & leaving some of my things at home, I misplaced it.

Am still waiting to hear from the rest of the family, but so far no luck. But glad as soon as I receive any money from them I'll forward it on to you.

With best regards to you your wife & the "Gordons", I remain,

Sincerely yours,

Mrs. Al Church

A. NEAL JACOBS

PUBLIC ACCOUNTANT & TAX COUNSELOR

ROUTE 2 BOX 223-B
SONOMA, CALIFORNIA
TELEPHONE 2577

HALF MILE EAST OF
VINEBURG POST OFFICE

Wm. F. Palmer
THE CHAMPION COMPANY, SPRINGFIELD, OHIO

HOME ADDRESS
1730 "O" St., Apt. "E"
SACRAMENTO, CALIF.

PACIFIC COAST BRANCH
610 16th St.
OAKLAND 12, CALIF.
Tel. Highgate 4-3870

Mountain View Cemetery

Plot 5 - Lot 207 - #5

Interment	70.00
Grave Bx	35.00
Sales Tx	1.40
Recording	10.00
	116.40
Credit	20.00
	96.40

Wm. F. Palmer
THE CHAMPION COMPANY, SPRINGFIELD, OHIO

HOME ADDRESS
1730 "O" St., Apt. "E"
SACRAMENTO, CALIF.

PACIFIC COAST BRANCH
610 16th St.
OAKLAND 12, CALIF.
Tel. Highgate 4-3870

Eldredge

Hogle

Hair
see Inez

Extra Charges

Dep. 20.00 Int.

Red 70.00 Int

35.

1.40

Con. 40- 10.

116.40

20.40 121.60

345.

96.00 Dun Nothing 87.

Minister 10.00

PIEDMONT 5-2588

WITHIN THESE GATES IS A
TRUE SERVICE BORN OF NEED

MOUNTAIN VIEW CEMETERY ASSOCIATION

ESTABLISHED 1863

NO OUTSIDE AFFILIATIONS

ADEQUATE ENDOWMENT CARE FUNDS

TERMINUS OF PIEDMONT AVENUE

OAKLAND 11, CALIFORNIA

OFFICERS

R. A. LEET
PRESIDENT

F. C. MARTENS
VICE-PRESIDENT

LEON A. CLARK
SECRETARY-COUNSEL

F. B. CULLOM
GENERAL MANAGER

J. H. MATTSON
OFFICE MANAGER

BOARD OF TRUSTEES

R. A. LEET
IRVING C. LEWIS
F. C. MARTENS
ARTHUR E. CORDER
JOHN M. OLNEY
HERBERT E. HALL
STANLEY POWELL
FRANK J. EDOFF
FRED J. EARLY
CHAS. P. HOWARD

August 21, 1953

15/140-E

Mr. A. Neal Jacobs
Route 2, Box 223-B
Sonoma, California

Dear Sir:

We have searched our records for the duplicate of the receipt issued March 10, 1928, for payment of $20, but unfortunately are unable to find it. Ledger and other records merely show a notation of the $20 being "reserved for Grave 5, Lot 207, Plot 5."

The Association has had a regulation in force for sometime that any deposits or prepayments made for interments or like costs, other than Endowment Care, are accepted merely as a payment on account and the difference collected or refunded, as the case may be, based on cost at time of need. However, as we have no record of what the understanding was at the time this deposit was made, we shall in this case apply the deposit as the full cost of interment. We enclose our check #4865, in the amount of $50, payable to Jewell R. Evans, c/o Bates-Evans Mortuary, Sonoma, whose check was received yesterday in full payment of order #69336.

Yours very truly,

MOUNTAIN VIEW CEMETERY ASSOCIATION

J. H. Mattson

JHM:jb

J. H. Mattson, Office Manager

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of **Dorothy Doane** *Deceased*

PHONE SONOMA 2686

Sept. 3, 1953 195

Casket, and complete funeral service	$345.00
Sealed pouch for shipping	25.00
Dress	17.00
Plane fares to Bigelow, Missouri	122.57
Minister	10.00
Total	$519.57

Less $17.25 cash discount if paid on, or before October 1, 1953

Dorothy Doane

Sept. 3,1953

Casket, and complete funeral service $345.00
Sealed pouch for shipping 25.00
Dress 17.00
Plane fares to Hiawatha, Missouri 122.57
Minister 10.00

Total $519.57

Less $17.25 cash discount if paid on, or
before October 1,1953

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

BUREAU OF VITAL STATISTICS

Local Registrar's Permit for Removal of Cremated or Interred Human Remains

THIS PERMIT DOES NOT AUTHORIZE THE REMOVAL OF REMAINS NOT PREVIOUSLY BURIED OR CREMATED

COUNTY OF Sonoma

CITY OR TOWN OF Sonoma

DATE THIS PERMIT ISSUED October 25, 1955

In accordance with the provisions of Section 7501 of the Health and Safety Code (Statutes of 1939, Chapter 60, as amended, permission is hereby granted to Bates & Evans Funeral Directors, and St. Francis Solano Cemetery
(Name of applicant for this permit)

to remove the cremated/interred remains of Bernard Davitto
(Name of decedent)

Age 50 Sex male Place of death Sonoma, Calif. Date of death 9/10/53

Cause of death Cerebral hemorrhage, Monocytic Leukemia

From St. Francis Solnao Cemetery Sonoma, Calif. to
(City or town) (City or town) (State)

to be delivered to Mountain Cemetery Sonoma, California at destination.
(Name of person, crematory, cemetery, etc.)

R. S. Westphal M.D. by James T. Baker

Local Registrar of Vital Statistics Registration District No.

THE PERSON RECEIVING THE REMAINS AT DESTINATION MUST FILL IN AND SIGN THE FORM BELOW AND DELIVER THIS PERMIT TO THE LOCAL REGISTRAR OF THE REGISTRATION DISTRICT IN WHICH DESTINATION IS LOCATED

DATE REMAINS RECEIVED

DISPOSITION OF REMAINS
(Buried, stored, etc. Write the word)

SIGNED

This permit should be issued in triplicate. The original must accompany the remains to destination; the duplicate should be retained by the person delivering the remains for removal and the triplicate must be kept on file by the local registrar who issues it.

NOTE.—The law authorizing the issuance of this permit reads in part: Any person entitled by law to remove any remains may apply to the local registrar for a permit to remove them. The local registrar shall issue a permit, retaining a copy, for which permit he shall receive a fee of fifty cents to be paid him by the applicant for the permit.

STATE PRINTING OFFICE

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

October 25, 1955

I hereby authorize Bates & Evans Funeral Dirs., and the St. Francis Solano Cemetery to dis-inter the remains of my deceased husband, Bernard Davito, and to place him in the family Vault in the Mountain Cemetery.

Signed. Domenica Davitto ..Widow
Mrs. Domenica Davito

Bates & Evans
FUNERAL DIRECTORS
Sonoma, California

STATEMENT

DATE 10/8/53

Bates & Evans,
P. O. Box 535,
Sonoma, Calif.

IN ACCOUNT WITH

SEBASTOPOL CEMETERY, INC.

POST OFFICE BOX 66
151 BODEGA AVENUE
SEBASTOPOL, CALIFORNIA

Interment of Mrs. Agnes F. Marshall:

10/10/53	Concrete Vault-	100.00
	Vase	1.25
	Sales Tax	3.04
	2 graves, Evergreen Section, Tier No. 11, Graves 1 & 2	200.00
	Opening & Closing Grave	30.00
		334.29

PAID
Nov. 4 1953
SEBASTOPOL CEMETERY, INC
By Margaret E. Hayes

Thank you.

STATEMENT

DATE 10/19/53

Bates & Evans,
P. O. Box 535,
Sonoma, Calif.

IN ACCOUNT WITH

SEBASTOPOL CEMETERY, INC.
POST OFFICE BOX 66
151 BODEGA AVENUE
SEBASTOPOL, CALIFORNIA

10/19/53	1 Bronze Marker, Rose	55.00
	Sales Tax	1.65
		56.65

Agnes F. Marshall

PAID
Dec. 2 1953
SEBASTOPOL CEMETERY, INC.
By Margaret E. Hayes
Thank you.

RAY L. SPILLERS — LLOYD C. HAYES

October 10, 1953

O'LEARY FUNERAL HOME

151 BODEGA AVENUE
SEBASTOPOL, CALIFORNIA
TELEPHONE 7806

Bates & Evans

P. O. Box 535, Sonoma, California

FUNERAL OF Agnes F. Marshall

Chapel and services	$50.00
Flower delivery	10.00
Tent	7.50
	$67.50

PAID
Nov. 4, 1953
O'LEARY
By Margaret E. Hayes

Thank you

TERMS: NET IN 30 DAYS AFTER DATE OF FUNERAL SERVICE.
INTEREST AT THE RATE OF 7 PER CENT PER ANNUM AFTER 30 DAYS.

Date Dec 9, 1953

Name KLOTZ Frank R.

File No. XC 35 251 92
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
~~Denver Federal Center, Denver~~, Colorado
RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS
16—62379-1

DENVER
DEC 9
6 AM
1953
COLO.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, Calif.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Frank R. Klotz *Deceased*

PHONE SONOMA 2686 Nov. 17, 1953

Complete funeral including the following;

Casket

Removal

Hearse, & Limousine

Embalming

Cremation & permit for burial of ashes

Cemetery charges for burial of ashes

minister

Funeral notices $

Sales tax $290.70

C/C, 29/70

Nov. 17,1953, I hereby state that the above statemen
if correct, that said services, and merchandise
was ordered by me, that same has been rendered, and
that no payment has been made at this date.

Signed,.....Mother
Mrs. Colorado Noddinott

VETERANS ADMINISTRATION

DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

YOUR FILE REFERENCE:

December 11, 1953

IN REPLY REFER TO: 2013-8BAF

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

XC 3 525 192
KLOTZ, Frank R.

Dear Sirs:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $ 150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL 8-143
Aug 1953
Supersedes FL 8-17 and FL 8-21, which will be used.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-MFD-ST.L. M-16276

Date 12-3-53

Name FORSTER, Fred R.

File No. SN 2 572 440
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

DENVER
DEC 4
12 PM
1953
COLO.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, Calif.

VETERANS ADMINISTRATION

DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

JAN 5 1954

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013 8BAD
XC 17 814 106
FORESTER, Fred R. aka
FORSTER, Frederick R.

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Dear Sirs:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

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Claims Division, Claims Service

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VA-MFD-ST.L. M-16276

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Byron C. Kenney *Deceased*

PHONE SONOMA 2686 Dec. 21,1953 195

Complete Funeral, including the following;
Casket
Removal
Embalming
Conducting Funeral,& personal services
Delivery to Golden Gate National cemetery
Funeral notices
Certified certificates
Sales tax $342.76

Dec. 21,1953, I hereby state thet the above statement is correct, that said services, and merchandis were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed.....wife

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of _____ *Deceased*

PHONE SONOMA 2686 _____ 195

Bates & Evans
Funeral Directors
BROADWAY ST.
SONOMA, CALIFORNIA
TELEPHONE 2686

Sonoma, California Dec. 2, 1953 19___

To _____

Please release the remains of Frank Bily deceased, to Bates and Evans, Funeral Directors, to be prepared for interment. Also, all other personal effects, now in your possession, not subject to an Order of Court.

Name James R. Bily

Address 211 N. Stone Ave. LaGrange, Ill.

Relation to deceased Brother